Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
MIDDLE DISTRICT OF FLORIDA		
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if th amended f

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself			
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	First name P. Middle name Boloutchi Last name and Suffix (Sr., Jr., II, III)		Jennifer First name H. Middle name Boloutchi Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years			
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-1073		xxx-xx-7356

Case 3:18-bk-01349-CJJ Doc 1 Filed 04/24/18 Page 2 of 66

Tony P. Boloutchi Debtor 1 Debtor 2 Jennifer H. Boloutchi Case number (if known) About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs If Debtor 2 lives at a different address: Where you live 1872 South Landguard Road Saint Augustine, FL 32092 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Saint Johns County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code

Why you are choosing this district to file for bankruptcy

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain. (See 28 U.S.C. § 1408.)

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain. (See 28 U.S.C. § 1408.)

Case 3:18-bk-01349-CJJ Doc 1 Filed 04/24/18 Page 3 of 66

Debtor 1 Tony P. Boloutchi Debtor 2 Jennifer H. Boloutchi				Case number (if known)				
Par	t 2: Tell the Court About	Your Banl	kruptcy Ca	se				
7.	The chapter of the Bankruptcy Code you are				ach, see <i>Notice Required by</i> e 1 and check the appropriat	11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy e box.		
	choosing to file under	■ Chap	oter 7					
		☐ Chap	oter 11					
		☐ Chap	oter 12					
		☐ Chap	oter 13					
8.	How you will pay the fee	ab or a p	out how you der. If your a pre-printed a	u may pay. Typically attorney is submittir address.	/, if you are paying the fee yog your payment on your behavior	k with the clerk's office in your local court for more deta burself, you may pay with cash, cashier's check, or mon alf, your attorney may pay with a credit card or check w on, sign and attach the <i>Application for Individuals to Pa</i>	iey ith	
		<i>Th</i>	ne Filing Fee equest that	e in Installments (Ot t my fee be waived	ficial Form 103A). (You may request this option	n only if you are filing for Chapter 7. By law, a judge ma	ıy,	
		ар	plies to you	ır family size and yo	u are unable to pay the fee ir	our income is less than 150% of the official poverty line in installments). If you choose this option, you must fill ocial Form 103B) and file it with your petition.		
9.	Have you filed for bankruptcy within the	■ No.						
	last 8 years?	☐ Yes.						
			District		When	Case number		
			District		When	Case number		
			District		When	Case number		
10.	Are any bankruptcy	■ No						
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.						
			Debtor			Relationship to you		
			District		When	Case number, if known		
			Debtor			Relationship to you		
			District		When	Case number, if known		
11.	Do you rent your residence?	■ No.	Go to lii	ne 12.				
	residence:	☐ Yes.	Has you	ur landlord obtained	an eviction judgment agains	st you?		
				No. Go to line 12.				
			_	Yes. Fill out <i>Initial</i> Sthis bankruptcy pet		Judgment Against You (Form 101A) and file it as part o	f	

Case 3:18-bk-01349-CJJ Doc 1 Filed 04/24/18 Page 4 of 66

Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time business? No. Go to Part 4. Yes. Name and location of business A sole proprietorship is a business you operate as UBER							
12. Are you a sole proprietor of any full- or part-time business? □ No. Go to Part 4. □ No. How the proprietors is a business you operate as □ No. Go to Part 4. □ No. How the proprietor is a business you operate as □ No. Go to Part 4. □ No. How the proprietor is a business you operate as □ No. How the proprietor is a business you operate as							
of any full- or part-time business? □ No. Go to Part 4. □ Yes. Name and location of business A sole proprietorship is a business you operate as □ UBER							
A sole proprietorship is a business you operate as UBER							
business you operate as UBER							
an individual, and is not a Name of business, if any separate legal entity such as a corporation, partnership, or LLC.							
If you have more than one sole proprietorship, use a Number Street City State & ZID Code							
separate sheet and attach it to this petition. Check the appropriate box to describe your business:	Number, Street, City, State & ZIP Code Check the appropriate box to describe your business:						
Health Care Business (as defined in 11 U.S.C. § 101(27A))							
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))							
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))							
Commodity Broker (as defined in 11 U.S.C. § 101(6))							
■ None of the above							
13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance she operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, following the following the court must know whether you are a small business debtor so that it can deadlines. If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can deadlines. If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can deadlines. If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can deadlines. If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can deadlines. If you are filing under Chapter 11, the court must know whether you are a small business debtor, you must attach your most recent balance she operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow statement, and federal income tax return or if any of these documents do not exist, follow statement, and federal income tax return or if any of these documents do not exist, follow statement, and federal income tax return or if any of these documents do not exist.	et, statement of						
No. I am not filing under Chapter 11.							
business debtor, see 11 U.S.C. § 101(51D). I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in Code.	the Bankruptcy						
Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the B	ankruptcy Code.						
Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention							
14. Do you own or have any ■ No.							
property that poses or is alleged to pose a threat Yes. of imminent and What is the hazard? identifiable hazard to							
public health or safety? Or do you own any property that needs							
For example, do you own perishable goods, or livestock that must be fed, Where is the property? or a building that needs urgent repairs?							
Number, Street, City, State & Zip Code							

	C	ase	e 3:1	.8-bk-01349-CJJ Doc 1 Filed	d 04	1/24	1/18 Page 5 of 66
	tor 1 Tony P. Boloutchi tor 2 Jennifer H. Bolout						Case number (it known)
Par			ceive	a Briefing About Credit Counseling			· · · · · · · · · · · · · · · · · · ·
	P. C. C.			btor 1:		Abo	out Debtor 2 (Spouse Only in a Joint Case):
15.	Tell the court whether you have received a briefing about credit counseling.	You	I reco	check one: eived a briefing from an approved credit iseling agency within the 180 days before I this bankruptcy petition, and I received a ficate of completion.			I must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
	The law requires that you receive a briefing about credit counseling before			th a copy of the certificate and the payment if any, that you developed with the agency.			Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
	you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to		cour filed	eived a briefing from an approved credit iseling agency within the 180 days before I this bankruptcy petition, but I do not have tificate of completion.			I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.
	file. If you file anyway, the court can dismiss your case, you		petiti	n 14 days after you file this bankruptcy on, you MUST file a copy of the certificate and nent plan, if any.		_	Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.
yo Ci	will lose whatever filing fee you paid, and your creditors can begin collection activities again.		servi unak days circu	tify that I asked for credit counseling ices from an approved agency, but was let to obtain those services during the 7 after I made my request, and exigent umstances merit a 30-day temporary waiver			I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.
			To as requi	e requirement. sk for a 30-day temporary waiver of the rement, attach a separate sheet explaining efforts you made to obtain the briefing, why were unable to obtain it before you filed for ruptcy, and what exigent circumstances			To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.
			required you to file this case. Your case may be dismissed if the court is				Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.
			dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.				If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.
							Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.
			l am	not required to receive a briefing about it counseling because of:			I am not required to receive a briefing about credit counseling because of:
				Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.			□ Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
				Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.			□ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
				Active duty. I am currently on active military duty in a military combat zone.			Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 3:18-bk-01349-CJJ Doc 1 Filed 04/24/18 Page 6 of 66

	tor 1 Tony P. Boloutchi tor 2 Jennifer H. Bolout				Case nu	umber (if known)				
Part	6: Answer These Questi	ons for Re	eporting Purposes							
	What kind of debts do you have?	16a.								
	•		☐ No. Go to line 16b.	•						
			Yes. Go to line 17.							
		16b.	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.							
			□ No. Go to line 16c.							
			☐ Yes. Go to line 17.							
		16c.	State the type of debts you owe th	nat are not consur	mer debts or bus	siness debts				
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. Go	o to line 18.						
	Do you estimate that after any exempt property is excluded and	■ Yes.	I am filing under Chapter 7. Do yo are paid that funds will be available				dministrative expenses			
	administrative expenses are paid that funds will		■ No							
	be available for distribution to unsecured creditors?		☐ Yes							
18.	How many Creditors do you estimate that you owe?	1 -49		1 ,000-5,000)	2 5,001-50,00	00			
		□ 50-99		☐ 5001-10,000		☐ 50,001-100,0 ☐ More than 10				
		□ 100-199 □ 200-999		□ 10,001-25,000 □ N			wore marriou,000			
19.	How much do you	□ \$0 - \$	50,000	□ \$1,000,001	- \$10 million	□ \$500,000,00°	1 - \$1 billion			
	estimate your assets to be worth?		01 - \$100,000	\$10,000,001			□ \$1,000,000,001 - \$10 billion			
			001 - \$500,000 001 - \$1 million	□ \$50,000,001 □ \$100,000,00	1 - \$100 million 01 - \$500 million	+ -,,	,001 - \$50 billion 50 billion			
20.	How much do you	□ \$0 - \$	50,000	□ \$1,000,001	- \$10 million	□ \$500,000,00°	1 - \$1 billion			
	estimate your liabilities to be?	_	001 - \$100,000	\$10,000,001		\$1,000,000,0				
			001 - \$500,000	□ \$50,000,001	1 - \$100 million 01 - \$500 million		0,001 - \$50 billion			
		□ \$500,0	001 - \$1 million	— \$100,000,00	71 - \$300 Hillion	i inore triair ş	30 billion			
Part	7: Sign Below									
For	you	I have ex	camined this petition, and I declare	under penalty of p	perjury that the i	information provided is true	and correct.			
If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of t United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.										
			rney represents me and I did not pa tt, I have obtained and read the noti				ne fill out this			
		I request	relief in accordance with the chapte	er of title 11, Unite	ed States Code,	, specified in this petition.				
		I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, and 3571.								
		/s/ Tony	/ P. Boloutchi			H. Boloutchi				
			. Boloutchi e of Debtor 1		Jennifer H. I Signature of D					
		Executed	d on April 24, 2018		Executed on	April 24, 2018				
			MM / DD / YYYY			MM / DD / YYYY				

Case 3:18-bk-01349-CJJ Doc 1 Filed 04/24/18 Page 7 of 66

Debtor 1 Tony P. Boloutch Debtor 2 Jennifer H. Bolou		Case	Case number (if known)				
For your attorney, if you are represented by one	under Chapter 7, 11, 12, or 13 of title 11, L for which the person is eligible. I also cert	United States Code, and have e tify that I have delivered to the d	informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b)				
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 707(b)(4)(D) app schedules filed with the petition is incorrec	ledge after an inquiry that the information in the					
	/s/ E. R. Mousa	Date	April 24, 2018				
	Signature of Attorney for Debtor		MM / DD / YYYY				
	E. R. Mousa Printed name						
	Law Office of E.R. Mousa, PA						
	6550 St. Augustine Road						
	Suite 202						
	Jacksonville, FL 32217						
	Number, Street, City, State & ZIP Code						
	Contact phone (904) 296-7704	Email address	mousa@mousalaw.com				
	0501270 FL						
	Bar number & State						

Eill	in this information to identify your case:		
Der	tor 1 Tony P. Boloutchi First Name Middle Name Last Name		
Deb	tor 2 Jennifer H. Boloutchi		
	use if, filing) First Name Middle Name Last Name		
Uni	ed States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA		
(if kn	e number	пс	heck if this is an
			mended filing
∩f	ficial Form 106Sum		
		•	40/45
	mmary of Your Assets and Liabilities and Certain Statistical Information		12/15
info	s complete and accurate as possible. If two married people are filing together, both are equally responsible mation. Fill out all of your schedules first; then complete the information on this form. If you are filing ame original forms, you must fill out a new Summary and check the box at the top of this page.		
Par	1: Summarize Your Assets		
		Va	ur acceta
			ur assets lue of what you own
,	Calcadida A/D. Dramartis (Official Farm 400A/D)		•
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	. \$	303,000.00
			400.005.00
	1b. Copy line 62, Total personal property, from Schedule A/B	. Ъ	488,605.98
	1c. Copy line 63, Total of all property on Schedule A/B	. \$	791,605.98
Par	2: Summarize Your Liabilities		
		Va	ur lighilities
			ur liabilities nount you owe
2	Cabadula D. Craditara Wha Llava Claima Cagurad by Proparty (Official Form 105D)		•
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	318,647.00
2	Cabadida E/E. Oraditara Mha Harra Huanasurad Olairea (Official Forms 400E/E)		
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$	148,145.64
	35. Copy the total claims from Fart 2 (non-phonty unsecured claims) from line of or 30-redule L/r	Ф	140,145.04
	Vous total lightilist	C	400 700 04
	Your total liabiliti	es 5 —	466,792.64
		ļ	
Par	3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	6,059.73
	Copy your combined monthly income from line 12 of Schedule 1	. Ψ	
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	6,492.60
Par	<u> </u>		
гаі			
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with	your othe	r schedules.
	■ Yes		
7.	What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	for a perso	onal, family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. <i>Check</i> the court with your other schedules.	this box a	nd submit this form to

Case 3:18-bk-01349-CJJ Doc 1 Filed 04/24/18 Page 9 of 66

Debto	or 2	Jennifer H. Boloutchi	Case number (if known)	
		n the Statement of Your Current Monthly Income: Cop1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 L	by your total current monthly income from Official Form ine 14.	\$ 8,147.40

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Debtor 1 Tony P. Boloutchi

From Part 4 on Schedule E/F, copy the following:	Total o	laim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	28,193.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	28,193.00

	Case	3:18-DK-013	49-CJ	J DOC 1	. Filed 04/24/18	Page	TO 01 00	
Fill in this inform	nation to identi	fy your case and th	nis filing):				
Debtor 1	Tony P. Bo							
Debtor 2	First Name		e Name		Last Name			
(Spouse, if filing)	First Name	. Boloutchi Middle	e Name		Last Name			
United States Bar	nkruptcy Court fo	or the: MIDDLE D	ISTRICT	OF FLORIDA	4			
Case number					_			☐ Check if this is an
								amended filing
Ο#:a:a! Г а.	1001/	Ъ						
Official For								
<u>Schedule</u>	e A/B: F	roperty						12/15
Answer every quest Part 1: Describe B		Building, Land, or Ot	her Real	Estate You Ow	n or Have an Interest In			
1. Do you own or h	ave any legal or	equitable interest in a	ny reside	ence, building,	land, or similar property?			
☐ No. Go to Part	2.							
Yes. Where is	the property?							
1.1		_	What	is the property	? Check all that apply			
	h Landguard f available, or other d			Single-family h	ome			ms or exemptions. Put
Street address, ii	i avaliable, oi otilei o	lescription		Duplex or mult	· ·			claims on Schedule D: s Secured by Property.
				Condominium	or cooperative			
				Manufactured	or mobile home	Current va	lue of the	Current value of the
Saint Augu		32092-0000		Land		entire prop	perty?	portion you own?
City	State	ZIP Code		Investment pro Timeshare	pperty		03,000.00	\$303,000.00
				Other				our ownership interest ncy by the entireties, or
			_		in the property? Check one	à life estat	e), if known.	
Saint John	ıs			Debtor 1 only Debtor 2 only		Fee sim	pie	
County			_	Debtor 1 and D	Debtor 2 only			
				At least one of	the debtors and another		k if this is comr structions)	nunity property
				· information yo	ou wish to add about this ite	m, such as lo	cal	
				-	gle family home, 2300	sq ft, locat	ed in St. Jo	hns County
					rom Part 1, including an			\$303,000.00
Part 2: Describe	Your Vehicles							

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Case 3:18-bk-01349-CJJ Doc 1 Filed 04/24/18 Page 11 of 66

Debt Debt		Tony P. Bolout Jennifer H. Bol			Case number (if k	(nown)	
3. C a	rs, vans	s, trucks, tractors	s, sport utility ve	hicles, motorcycles			
	No						
	Yes						
3.1	Make:	Toyota Camry		Who has an interest in the property? Check one Debtor 1 only	the amoun	t of any secure	aims or exemptions. Put d claims on Schedule D:
	Year: Approxi	2016 imate mileage: nformation:	39.000	□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	Current va entire prop	alue of the perty?	Current value of the portion you own?
	4T1BI	F1FK6GU16960	06	☐ Check if this is community property (see instructions)	\$1	2,425.00	\$12,425.00
3.2	Other in	Toyota Highlander 2017 imate mileage: nformation: STDKZRFH0HS	23,523	Who has an interest in the property? Check one ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this is community property (see instructions)	the amount Creditors & Current value entire proj	t of any secure Who Have Clair alue of the	aims or exemptions. Put d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$30,275.00
3.3	Other in	Honda Pilot 2014 imate mileage:nformation:	107, 301	Who has an interest in the property? Check one ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	the amoun	t of any secure Who Have Clair alue of the	aims or exemptions. Put d claims on Schedule D: ms Secured by Property. Current value of the portion you own?
	VIIN. 3	PFN 1 F3H49EB(71901	Check if this is community property (see instructions)	\$1	2,925.00	\$12,925.00
Exa □ □ 5 A pa	amples: I No Yes dd the d ages you	Boats, trailers, mo lollar value of the u have attached	e portion you ow for Part 2. Write	od other recreational vehicles, other vehicles itercraft, fishing vessels, snowmobiles, motorcy on for all of your entries from Part 2, including that number here	cle accessories g any entries for	.=>((\$55,625.00 Current value of the cortion you own? Do not deduct secured
E:	xamples. No	d goods and furr : Major appliances escribe		, china, kitchenware		C	claims or exemptions.
				tional sofa, tables (2), dishes, flatwar rator, washer/dryer, stove, lawn equip			\$777.00

Official Form 106A/B Schedule A/B: Property page 2

Case 3:18-bk-01349-CJJ Doc 1 Filed 04/24/18 Page 12 of 66

	ebtor 1 ebtor 2	Tony P. Bolo Jennifer H. E		(if known)
7.	□No	es: Televisions a	nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners phones, cameras, media players, games	; music collections; electronic devices
			Electronics: laptop computer cell phones (3) Tv's (2) tablet	\$279.00
8.	Example No		figurines; paintings, prints, or other artwork; books, pictures, or other art objects; sta ons, memorabilia, collectibles	mp, coin, or baseball card collections;
9.	Example No	ent for sports ares: Sports, photo musical instru	graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis;	canoes and kayaks; carpentry tools;
			Sports-Hobby: basketballs, basketball hoop, football, golf clubs weight bench /weights, piano (\$135), bikes	\$275.00
	■ No □ Yes. Clothes Examp □ No	oles: Pistols, rifles Describe	s, shotguns, ammunition, and related equipment othes, furs, leather coats, designer wear, shoes, accessories	
			Clothes: Attire for self, spouse, children	\$125.00
12	□ No		welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches	s, gems, gold, silver
_			Jewelry: engagment ring, 2 wedding bands, watches (2)	\$250.00
13	Examp □ No	rm animals bles: Dogs, cats, l	pirds, horses	
			Animals: Dog Rabbit	\$0.00
14	■ No	ner personal and	d household items you did not already list, including any health aids you did n	ot list
1			of all of your entries from Part 3, including any entries for pages you have attachumber here	shed \$1,706.00

Official Form 106A/B Schedule A/B: Property

page 3

Case 3:18-bk-01349-CJJ Doc 1 Filed 04/24/18 Page 13 of 66

Debtor 1 Debtor 2	Tony P. Boloutchi Jennifer H. Boloutc	hi	Case number (if known)	
	scribe Your Financial Asse vn or have any legal or e		any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
□ No	oles: Money you have in y	•	ome, in a safe deposit box, and on hand when you file your petition	
			Cash: Cash	\$50.00
Exam			punts; certificates of deposit; shares in credit unions, brokerage hous with the same institution, list each.	ises, and other similar
□ No ■ Yes			Institution name:	
	17.1.	Checking	Checking Account: Vystar CU ****6829	\$0.00
	17.2.	Checking	Checking Account: Community First CU ****1166	\$0.00
	17.3.		Checking Account: 121 Financial CU ****7698	\$46.13
	17.4.	Checking	Checking Account: First Florida CU ****4825	\$132.80
	17.5.	Savings	Savings Account: Vystar CU ****6829	\$15.10
	17.6.	Savings	Savings Account: 121 Financial CU ****7698	\$5.00
	17.7.	Savings	Savings Account: Community First CU ****1166	\$0.00
	17.8.	Savings	Savings Account: First Florida CU ****4825	\$50.00
	, mutual funds, or publionales: Bond funds, investm		okerage firms, money market accounts	
Yes.		Institution or issuer	name:	
		Financial Accou	nt: Scottrade #18190574	\$32.95

Official Form 106A/B Schedule A/B: Property page 4

% of ownership:

Name of entity:

Case 3:18-bk-01349-CJJ Doc 1 Filed 04/24/18 Page 14 of 66

		P. Boloutchi ifer H. Boloutchi	Case number (if known)	
20.	Negotiable ins Non-negotiable No	truments include personal checke e instruments are those you canr	negotiable and non-negotiable instruments s, cashiers' checks, promissory notes, and money orders. not transfer to someone by signing or delivering them.	
	☐ Yes. Give sp	ecific information about them Issuer name:		
21.	Examples: Inte		1(k), 403(b), thrift savings accounts, or other pension or profit-sharing plar	ıs
	■ Yes. List eac	h account separately. Type of account:	Institution name:	
			Retirement: UF Shands retirement account held by Lincoln Financial Loan Amount 15,328.00	\$65,223.00
			Retirement: National Beverage (former employer) employee retirement 401k managed by Prudential Securities	\$361,430.00
			Retirement: Florida State College retirement plan managed by TIAA CREFF	\$3,590.00
22.	Your share of	eements with landlords, prepaid	ade so that you may continue service or use from a company rent, public utilities (electric, gas, water), telecommunications companies, Institution name or individual:	, or others
23.		ontract for a periodic payment of	money to you, either for life or for a number of years)	
	■ No □ Yes	Issuer name and descripti	ion.	
24.	. Interests in an 26 U.S.C. §§ 53 □ No	education IRA, in an account i 30(b)(1), 529A(b), and 529(b)(1).	in a qualified ABLE program, or under a qualified state tuition progra	ım.
	Yes	Institution name and desc	cription. Separately file the records of any interests.11 U.S.C. § 521(c):	
		Education IRA: 529 A	account (#504-5789) for Emma Boloutchi	\$700.00
25.	. Trusts, equital	ble or future interests in prope	erty (other than anything listed in line 1), and rights or powers exercis	sable for your benefit
	☐ Yes. Give sp	pecific information about them		
26.	Examples: Inte		ets, and other intellectual property proceeds from royalties and licensing agreements	
27.	Licenses, fran Examples: Bui	chises, and other general intar Iding permits, exclusive licenses,	ngibles , cooperative association holdings, liquor licenses, professional licenses	
	·	pecific information about them		0
IVI	oney or propert	y owea to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.

Official Form 106A/B Schedule A/B: Property page 5

Case 3:18-bk-01349-CJJ Doc 1 Filed 04/24/18 Page 15 of 66

	ebtor 1 ebtor 2	Tony P. Boloutchi Jennifer H. Boloutchi		Case number (if known)	
28.	Tax refu	ınds owed to you			
	■ No				
	☐ Yes. (Give specific information about them, incl	uding whether you already filed th	e returns and the tax years	
	■ No	support es: Past due or lump sum alimony, spou	sal support, child support, mainter	nance, divorce settlement, property	settlement
30.	Other all Example	mounts someone owes you es: Unpaid wages, disability insurance posenefits; unpaid loans you made to s Give specific information		ay, vacation pay, workers' compe	nsation, Social Security
	Interest Example	s in insurance policies les: Health, disability, or life insurance; he	ealth savings account (HSA); cred	it, homeowner's, or renter's insurar	nce
	□ No ■ Yes. N	lame the insurance company of each po Company name:	licy and list its value.	Beneficiary:	Surrender or refund value:
		UF Health emplo	oyee insurance	Tony P. Boloutchi	Unknown
	■ No □ Yes.	ne has died. Give specific information against third parties, whether or not y	ou have filed a lawsuit or made	a demand for payment	
00.	Example ■ No	es: Accidents, employment disputes, ins	urance claims, or rights to sue	a domana tor paymon	
		Describe each claim			
34.	Other c	ontingent and unliquidated claims of e	every nature, including counter	claims of the debtor and rights to	set off claims
	☐ Yes.	Describe each claim			
	■ No	ancial assets you did not already list Give specific information			
36		ne dollar value of all of your entries fro rt 4. Write that number here	, , ,	,	\$431,274.98
Pa	rt 5: Des	cribe Any Business-Related Property You C	Own or Have an Interest In. List any	real estate in Part 1.	
37.	Do you o	wn or have any legal or equitable interest ir	n any business-related property?		
ı	No. Go	to Part 6.			
[☐ Yes. Go	to line 38.			
Pa		cribe Any Farm- and Commercial Fishing-R u own or have an interest in farmland, list it in		n Interest In.	
16	Do veri	own or have any legal or equitable int	aract in any farm, ar commercia	ol fiching related property?	

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

Case 3:18-bk-01349-CJJ Doc 1 Filed 04/24/18 Page 16 of 66

Debt Debt	- · · · · · · · · · · · · · · · · · · ·		Case number (if known)	
ļ	☐ Yes. Go to line 47.			
Part '	Describe All Property You Own or Have an Interest in That	You Did Not List Above		
	Examples: Season tickets, country club membership No Yes. Give specific information	list?		
54.	Add the dollar value of all of your entries from Part 7. Write	e that number here		\$0.00
	Part 1: Total real estate, line 2			\$303,000.00
	Part 2: Total vehicles, line 5	\$55,625.00		Ψοσο,σσο.σσ
	Part 3: Total personal and household items, line 15	\$1,706.00		
58.	Part 4: Total financial assets, line 36	\$431,274.98		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	+ \$0.00		
62.	Total personal property. Add lines 56 through 61	\$488,605.98	Copy personal property total	al \$488,605.98
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$791,605.98

Official Form 106A/B Schedule A/B: Property page 7

				0	_
	I in this information to identify your case:				
De	btor 1 Tony P. Boloutchi First Name	Middle Name		ast Name	
	bbtor 2 Jennifer H. Boloutchi First Name				
Un	ited States Bankruptcy Court for the: MIDD	LE DISTRICT OF FLO	RIDA		
	nown)				☐ Check if this is an amended filing
Oí	fficial Form 106C				_
S	chedule C: The Prope	rty You Cla	im	as Exempt	4/16
the nee cas For spe any fun exe to t	as complete and accurate as possible. If two means property you listed on Schedule A/B: Property aded, fill out and attach to this page as many content of the number (if known). The each item of property you claim as exemptive applicable statutory limit. Some exemption ds—may be unlimited in dollar amount. However, and the applicable statutory amount. The individual statutory amount and the applicable statutory amount. It is a lidentify the Property You Claim as Exemption to a particular dollar amount.	(Official Form 106A/B) opies of <i>Part 2: Addition</i> s, you must specify the y, you may claim the f as—such as those for wever, if you claim an e value of the propert	as yo nal Pa e amo full fai healt exen	our source, list the property that you ge as necessary. On the top of any ount of the exemption you claim. ir market value of the property be th aids, rights to receive certain I option of 100% of fair market value.	or claim as exempt. If more space is a radditional pages, write your name and one way of doing so is to state a leing exempted up to the amount of penefits, and tax-exempt retirement use under a law that limits the
1.	Which set of exemptions are you claiming	? Check one only, eve	n if yo	our spouse is filing with you.	
	You are claiming state and federal nonban	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)	
	☐ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/B	that you claim as exe	empt,	fill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	1872 South Landguard Road Saint Augustine, FL 32092 Saint Johns	\$303,000.00	•	100%	Fla. Const. art. X, § 4(a)(1); Fla. Stat. Ann. §§ 222.01 &
	County Residence: Single family home, 2300 sq ft, located in St. Johns County FL. Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	222.02
	2017 Toyota Highlander 23,523 miles VIN: 5TDKZRFH0HS510180	\$30,275.00		\$0.00	Fla. Stat. Ann. § 222.25(1)
	Line from Schedule A/B: 3.2			100% of fair market value, up to any applicable statutory limit	
	Household: sectional sofa, tables (2), dishes, flatware, mattress sets	\$777.00		\$777.00	Fla. Const. art. X, § 4(a)(2)
	(4), refrigerator, washer/dryer,			100% of fair market value, up to	

Official Form 106C

\$279.00

any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

\$279.00

stove, lawn equipment

Line from Schedule A/B: 6.1

phones (3) Tv's (2) tablet

Line from Schedule A/B: 7.1

Electronics: laptop computer cell

Fla. Const. art. X, § 4(a)(2)

Case 3:18-bk-01349-CJJ Doc 1 Filed 04/24/18 Page 18 of 66

Tony P. Boloutchi Debtor 1 Jennifer H. Boloutchi Debtor 2 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Sports-Hobby: basketballs, Fla. Const. art. X, § 4(a)(2) \$275.00 \$275.00 basketball hoop, football, golf clubs weight bench /weights, 100% of fair market value, up to piano (\$135), bikes any applicable statutory limit Line from Schedule A/B: 9.1 Clothes: Attire for self, spouse, Fla. Const. art. X, § 4(a)(2) \$125.00 \$125.00 children Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit Jewelry: engagment ring, 2 wedding Fla. Const. art. X, § 4(a)(2) \$250.00 \$250.00 bands, watches (2) Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit Cash: Cash Fla. Const. art. X, § 4(a)(2) \$50.00 \$50.00 Line from Schedule A/B: 16.1 100% of fair market value, up to any applicable statutory limit Checking Account: 121 Financial CU Fla. Const. art. X, § 4(a)(2) \$46.13 \$46.13 ****7698 Line from Schedule A/B: 17.3 100% of fair market value, up to any applicable statutory limit **Checking: Checking Account: First** Fla. Const. art. X, § 4(a)(2) \$132.80 \$132.80 Florida CU ****4825 Line from Schedule A/B: 17.4 100% of fair market value, up to any applicable statutory limit Savings: Savings Account: Vystar Fla. Const. art. X, § 4(a)(2) \$15.10 \$15.10 CU ****6829 Line from Schedule A/B: 17.5 100% of fair market value, up to any applicable statutory limit Savings: Savings Account: 121 Fla. Const. art. X, § 4(a)(2) \$5.00 \$5.00 Financial CU ****7698 Line from Schedule A/B: 17.6 100% of fair market value, up to any applicable statutory limit Savings: Savings Account: First Fla. Const. art. X, § 4(a)(2) \$50.00 \$12.02 Florida CU ****4825 Line from Schedule A/B: 17.8 100% of fair market value, up to any applicable statutory limit **Financial Account: Scottrade** Fla. Const. art. X, § 4(a)(2) \$32.95 \$32.95 #18190574 Line from Schedule A/B: 18.1 100% of fair market value, up to any applicable statutory limit Retirement: UF Shands retirement Fla. Stat. Ann. § 222.21(2) 100% \$65,223.00 account held by Lincoln Financial Loan Amount 15,328.00 100% of fair market value, up to Line from Schedule A/B: 21.1 any applicable statutory limit

Case 3:18-bk-01349-CJJ Doc 1 Filed 04/24/18 Page 19 of 66

	totor 2			Case number (if known)		
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
	Retirement: National Beverage (former employer) employee	\$361,430.00	•	100%	Fla. Stat. Ann. § 222.21(2)	
	retirement 401k managed by Prudential Securities Line from Schedule A/B: 21.2			100% of fair market value, up to any applicable statutory limit		
	Retirement: Florida State College retirement plan managed by TIAA	\$3,590.00		100%	Fla. Stat. Ann. § 222.21(2)	
	CREFF Line from Schedule A/B: 21.3			100% of fair market value, up to any applicable statutory limit		
	Education IRA: 529 Account (#504-5789) for Emma Boloutchi	\$700.00		100%	Fla. Stat. Ann. § 222.22	
	Line from Schedule A/B: 24.1			100% of fair market value, up to any applicable statutory limit		
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every			ed on or after the date of adjustmen	t.)	
	Yes. Did you acquire the property covered No	ed by the exemption wi	thin 1,	215 days before you filed this case?		
	□ Yes					

Fill in this information	on to identify you	ır case:			
Debtor 1	ony P. Bolouto	chi			
	irst Name	Middle Name Last Name			
	lennifer H. Bold irst Name	Middle Name Last Name			
United States Bankru	ptcy Court for the:	MIDDLE DISTRICT OF FLORIDA			
Casa number					
Case number				☐ Check	if this is an
				amend	ed filing
Official Form 1	06D				
		Who Have Claims Secure	d by Property	•	12/15
		If two married people are filing together, both are ed out, number the entries, and attach it to this form. O			
1. Do any creditors have	e claims secured by	y your property?			
☐ No. Check this	box and submit the	his form to the court with your other schedules. Y	ou have nothing else to	report on this form.	
Yes. Fill in all	of the information	below.			
Part 1: List All Se	cured Claims			0.1	0.1
		more than one secured claim, list the creditor separately a particular claim, list the other creditors in Part 2. As	y Column A Amount of claim	Column B Value of collateral	Column C Unsecured
		cal order according to the creditor's name.	Do not deduct the	that supports this	portion
2.1 Community 1	st Cu/cenla	Describe the property that secures the claim:	\$221,632.00	\$303,000.00	If any \$0.00
Creditor's Name		1872 South Landguard Road Saint			
		Augustine, FL 32092 Saint Johns County			
		Residence: Single family home,			
		2300 sq ft, located in St. Johns			
007 N.L 01		As of the date you file, the claim is: Check all that			
637 N Lee St Jacksonville,	FI 32204	apply.			
Number, Street, City,		☐ Contingent ☐ Unliquidated			
	·	☐ Disputed			
Who owes the debt?	Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		An agreement you made (such as mortgage or se	cured		
Debtor 2 only	0	car loan) Statutory lien (such as tax lien, mechanic's lien)			
■ Debtor 1 and Debtor At least one of the de	-	☐ Judgment lien from a lawsuit			
☐ Check if this claim		Other (including a right to offset) Mortgage			
community debt					-
	Opened				
	08/12 Last Active				
Date debt was incurred		Last 4 digits of account number 9522			
2.2 Community F	::-ctC	Describe the manufacture that convers the claims	¢24.065.00	¢20.275.00	¢700.00
2.2 Community F Creditor's Name	iistCu	Describe the property that secures the claim: 2017 Toyota Highlander 23,523	\$31,065.00	\$30,275.00	\$790.00
		miles			
Attn:Bankrup	otcy	VIN: 5TDKZRFH0HS510180 As of the date you file, the claim is: Check all that			
Po Box 2304	EL 22202	apply.			
Jacksonville, Number, Street, City,		Contingent			
riumber, street, city,	Clate & ZIP COde	☐ Unliquidated ☐ Disputed			
Who owes the debt?	Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		■ An agreement you made (such as mortgage or se	cured		
☐ Debtor 2 only		car loan)			

Official Form 106D

Case 3:18-bk-01349-CJJ Doc 1 Filed 04/24/18 Page 21 of 66

Debtor 1 Tony P. Bo	oloutchi			Case number (if know)		
First Name	Middle N	ame Last Name				
Debtor 2 Jennifer H	Middle N	ame Last Name	_			
_		По	1 2 1 - 12 3			
Debtor 1 and Debtor 2	•	☐ Statutory lien (such as tax lien, med	nanic's lien)			
☐ At least one of the deb☐ Check if this claim re		☐ Judgment lien from a lawsuit	Purchase	Money Security		
community debt	nates to a	Other (including a right to offset)	T di ciidoc	money occurry		
	Opened					
	03/17 Last					
	Active		0000			
Date debt was incurred	3/15/18	Last 4 digits of account numb	oer 0003			
2.3 Community Fi	rstCu	Describe the property that secures t	he claim:	\$28,617.00	\$303,000.00	\$0.00
Creditor's Name		1872 South Landguard Road				
		Augustine, FL 32092 Saint J	lohns			
		County Residence: Single family ho	me			
		2300 sq ft, located in St. Joh				
Attn:Bankrupt	cv	County FL.				
Po Box 2304		As of the date you file, the claim is: apply.	Check all that			
Jacksonville, I	FL 32203	☐ Contingent				
Number, Street, City, S	State & Zip Code	☐ Unliquidated				
Who awas the dahta o		Disputed				
Who owes the debt? C	neck one.	Nature of lien. Check all that apply.				
☐ Debtor 1 only☐ Debtor 2 only		 An agreement you made (such as r car loan) 	nortgage or se	cured		
■ Debtor 1 and Debtor 2	only	☐ Statutory lien (such as tax lien, med	chanic's lien)			
☐ At least one of the deb	•	☐ Judgment lien from a lawsuit	,			
☐ Check if this claim re		•	Mortgage			
community debt						
	Opened					
	01/17 Last Active					
Date debt was incurred	3/19/18	Last 4 digits of account number	oer 0002			
2.4 Partners Fed (Cr Un	Describe the property that secures t		\$22,757.00	\$12,925.00	\$9,832.00
Creditor's Name		2014 Honda Pilot 107, 301 m VIN: 5FNYF3H49EB01981	iles			
2190 S Town (Centre					
Place	J 51.11.1 5	As of the date you file, the claim is: apply.	Check all that			
Anaheim, CA 9	92806	☐ Contingent				
Number, Street, City, S	State & Zip Code	☐ Unliquidated				
What are the debto o		Disputed				
Who owes the debt?	heck one.	Nature of lien. Check all that apply.				
☐ Debtor 1 only ☐ Debtor 2 only		An agreement you made (such as r car loan)	nortgage or se	curea		
■ Debtor 1 and Debtor 2	only	☐ Statutory lien (such as tax lien, med	chanic's lien)			
☐ At least one of the deb	•	☐ Judgment lien from a lawsuit	,			
☐ Check if this claim re			Purchase	Money Security		
community debt		(<u>))</u>				
	Opened					
	11/16 Last					
Data dabt was insured	Active	Look A digita of account	ner 0070			
Date debt was incurred	3/26/18	Last 4 digits of account numb	Jer 0010			
2.5 Vystar Credit I	Union	Describe the property that secures t	he claim:	\$14,576.00	\$12,425.00	\$2,151.00
	-				- , , =	+ ,

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

Case 3:18-bk-01349-CJJ Doc 1 Filed 04/24/18 Page 22 of 66

Debtor 1	Tony P. B	oloutchi			Case number (if know)	
	First Name	Middle N	Name Last Name	_		
Debtor 2	0011111101 11	I. Boloutchi		_		
	First Name	Middle N	Name Last Name			
Cred	itor's Name		2016 Toyota Camry 39.000 r Vehicle: VIN 4T1BF1FK6GU			
Attn: Bankruptcy Po Box 45085 Jacksonville, FL 32232		,	As of the date you file, the claim is: Check all that apply. Contingent			
Numl	ber, Street, City, S	State & Zip Code	☐ Unliquidated			
Who owe	s the debt? C	check one.	☐ Disputed Nature of lien. Check all that apply.			
■ Debtor □ Debtor	- ,		An agreement you made (such as car loan)	mortgage or	secured	
☐ Debtor	1 and Debtor 2	? only	☐ Statutory lien (such as tax lien, me	chanic's lien)		
At least	t one of the deb	otors and another	☐ Judgment lien from a lawsuit			
	if this claim re unity debt	elates to a	Other (including a right to offset)	Purchase	e Money Security	
Data dahi		Opened 11/17 Last Active		her 604	5	
Date debt	was incurred	3/21/18	Last 4 digits of account num	Der OUT		
Add the	dollar value o	f vour ontrine in (Column A on this page. Write that num	hor horo:	\$210 £47	00
		•	column A on this page. Write that num I the dollar value totals from all pages.		\$318,647.	
	at number ber	•	i inc donar value totals from all pages.		\$318,647.	00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

		00.00 0.10	0_0			•		
Fill in thi	is informat	ion to identify your ca	ase:					
Debtor 1		Tony P. Boloutchi						
		First Name	Middle Na	ame	Last Name			
Debtor 2	_	Jennifer H. Boloute						
(Spouse if, f	filing)	First Name	Middle Na	ame	Last Name			
United St	tates Bankr	uptcy Court for the:	MIDDLE DIS	STRICT OF FLOR	RIDA			
Case nur	mber							
(if known)				_			_	heck if this is an
							aı	mended filing
Official	I Form 1	106F/F						
		: Creditors Wh	no Have	Unsecured	d Claims			12/15
any execut Schedule (Schedule I left. Attach	tory contrac G: Executory D: Creditors n the Continu	ts or unexpired leases the Contracts and Unexpir Who Have Claims Secu	hat could resu ed Leases (Of red by Proper	ult in a claim. Also fficial Form 106G). ty. If more space is	list executory of Do not include s needed, copy	Part 2 for creditors with NONPI contracts on Schedule A/B: Pro any creditors with partially sec the Part you need, fill it out, nu do not file that Part. On the top	pperty (Officia cured claims imber the ent	al Form 106A/B) and on that are listed in ries in the boxes on the
Part 1:	List All o	f Your PRIORITY Uns	ecured Clai	ms				
1. Do an	ny creditors	have priority unsecured	claims agains	st you?				
■ No	o. Go to Part	2.						
☐ Ye	es.							
Part 2:	List All o	f Your NONPRIORITY	Unsecured	Claims				
□ No ■ Ye	o. You have r	have nonpriority unsecu	rt. Submit this t	form to the court wit		edules. • holds each claim. If a creditor	has more tha	n one nonpriority
unsec	cured claim, li one creditor h	st the creditor separately	for each claim.	For each claim liste	ed, identify what t	type of claim it is. Do not list clain three nonpriority unsecured claim	ns already incl	luded in Part 1. If more
								Total claim
4.1	Amex			Last 4 digits of ac	count number	6823		\$9,402.00
		editor's Name				Onemad 00/46 Leat As	41	
	Correspor Po Box 98			When was the del	bt incurred?	Opened 02/16 Last Ac 3/22/18	tive	
	El Paso, T					O/LL/10		
		t City State ZIp Code		As of the date you	u file, the claim	is: Check all that apply		
_	_	d the debt? Check one.		_				
_	Debtor 1 o	•		☐ Contingent				
	Debtor 2 o	•		☐ Unliquidated				
		and Debtor 2 only		Disputed				
		ne of the debtors and anot		Type of NONPRIO	RITY unsecured	d claim:		
		his claim is for a comm	unity	☐ Student loans				
	debt s the claim s	subject to offset?		□ Obligations arise report as priority class.		ration agreement or divorce that	you did not	
	■ No	•				g plans, and other similar debts		
	□ Yes			Other. Specify				
-	00			- Other, Specify		-		

1 Tony P. Boloutchi 2 Jennifer H. Boloutchi		Case number (if know)	
Amex	Last 4 digits of account number	5193	\$483.00
Nonpriority Creditor's Name Correspondence Po Box 981540 El Paso, TX 79998	When was the debt incurred?	Opened 08/17 Last Active 3/16/18	
Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
Who incurred the debt? Check one.			
☐ Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	■ Other. Specify Credit Card	<u> </u>	
Bank Of America	Last 4 digits of account number	3063	\$17,580.00
Nonpriority Creditor's Name			. ,
Attn: Bankruptcy		Opened 12/06 Last Active	
Po Box 982238 El Paso, TX 79998	When was the debt incurred?	2/26/18	
Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
Who incurred the debt? Check one.	•		
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Student loans		
☐ Check if this claim is for a community debt Is the claim subject to offset?		ration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	a plans, and other similar debts	
■ Yes	Other. Specify Credit Card		
OWI - I W			*** *** *** ** ** ** **
Citibank Visa Nonpriority Creditor's Name	Last 4 digits of account number		\$2,546.64
P.O. Box 6500 Sioux Falls, SD 57117	When was the debt incurred?	Date Opened: Last Used: 03/17/2018	
Number Street City State ZIp Code	As of the date you file, the claim	s: Check all that apply	
Who incurred the debt? Check one.			
☐ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community debt	Student loans	ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
□ Yes		Anywhere Citicard	
□ 162	Other. Specify Costco Go	Any where Chicard	

Official Form 106 E/F

	1 Tony P. Boloutchi 2 Jennifer H. Boloutchi		Case number (if know)					
4.5	Citibank/The Home Depot	Last 4 digits of account number	7114	\$557.00				
	Nonpriority Creditor's Name Centralized Bankruptcy Po Box 790034 St Louis, MO 63179 Number Street City State Zlp Code	When was the debt incurred? As of the date you file, the claim i						
	Who incurred the debt? Check one.	_						
	Debtor 1 only	Contingent						
	Debtor 2 only	Unliquidated						
	Debtor 1 and Debtor 2 only	Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a sepa report as priority claims						
	■ No	☐ Debts to pension or profit-sharin	☐ Debts to pension or profit-sharing plans, and other similar debts					
	Yes	Other. Specify Charge Acc						
4.6	Community FirstCu Nonpriority Creditor's Name	Last 4 digits of account number	0001	\$23,203.00				
	Attn:Bankruptcy Po Box 2304 Jacksonville, FL 32203	When was the debt incurred?	Opened 10/17 Last Active 3/04/18					
-	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply					
	Debtor 1 only							
	Contingent							
		☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	RIORITY unsecured claim:					
	At least one of the debtors and another	☐ Student loans						
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a sepa						
	■ No		☐ Debts to pension or profit-sharing plans, and other similar debts					
	☐ Yes	Other. Specify Unsecured						
4.7	Discover Financial Nonpriority Creditor's Name	Last 4 digits of account number	0904	\$4,725.00				
	Po Box 3025 New Albany, OH 43054	When was the debt incurred?	Opened 04/17 Last Active 3/25/18					
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt		ration agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims						
	No	☐ Debts to pension or profit-sharin ☐ Other. Specify Credit Card	• •					
	Yes	<u> </u>						

	or 1 Tony P. Boloutchi or 2 Jennifer H. Boloutchi		Case number (if know)					
4.8	Great Lakes Higher Educati	Last 4 digits of account number	8581	\$28,193.00				
	Nonpriority Creditor's Name Attn: Bankruptcy 2401 Interanational Lane Madison, WI 53704	When was the debt incurred?	. ,					
	Number Street City State Zlp Code	As of the date you file, the claim	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.							
	Debtor 1 only	☐ Contingent						
	Debtor 2 only	Unliquidated						
	Debtor 1 and Debtor 2 only	Disputed	l alaim.					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	o ciaim:					
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims						
	No	Debts to pension or profit-sharin	g plans, and other similar debts					
	Yes	Other. Specify						
		Educationa	l .					
4.9	Kohl's Nonpriority Creditor's Name	Last 4 digits of account number	4511	\$0.00				
	Po Box 2983 Milwaukee, WI 53201	When was the debt incurred?	Date Opened: Last Used: 01/27/2018					
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply					
	☐ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	■ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured						
	\square Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims						
	■ No	Debts to pension or profit-sharing	☐ Debts to pension or profit-sharing plans, and other similar debts					
	Yes	Other. Specify charge acc	ount					
4.1 O	Partners Fed Cr Un	Last 4 digits of account number	3263	\$8,366.00				
	Nonpriority Creditor's Name	_						
	13705 International Dr S Orlando, FL 32821	When was the debt incurred?	Opened 04/17 Last Active 3/04/18					
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply					
	Who incurred the debt? Check one.							
	■ Debtor 1 only							
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	\square Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa	ration agreement or divorce that you did not					
	Is the claim subject to offset?	<u> </u>						
	No		o pension or profit-sharing plans, and other similar debts					
	☐ Yes	Other. Specify Credit Card	l					

Official Form 106 E/F

Case 3:18-bk-01349-CJJ Doc 1 Filed 04/24/18 Page 27 of 66

	Tony P. B Jennifer H	oloutchi I. Boloutchi		Case n	umber (if kr	now)	
	Sealy Inc		Last 4 digits of account number			_	\$53,090.00
C	Nonpriority Cred One Office I @Sealy Driv Frinity, NC 2	Pkwy ⁄e	When was the debt incurred?	01/30)/2015		
	Number Street (Who incurred t	City State Zlp Code he debt? Check one.	As of the date you file, the claim	is: Check	all that app	У	
_	Debtor 1 only Debtor 2 only		☐ Contingent☐ Unliquidated				
Ī	Dobtor 1 and	d Debtor 2 only	☐ Disputed				
_	_	of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
_	_	s claim is for a community	☐ Student loans				
d	lebt	bject to offset?	Obligations arising out of a separeport as priority claims	aration ag	reement or o	divorce that you did not	
	No		☐ Debts to pension or profit-sharing	ng plans, a	and other sir	nilar debts	
Г	⊐ Yes		Civil settler Other. Specify settlement		greed to	pre trial	
			_ other opening settlement	•			
_	Synchrony		Last 4 digits of account number	8629		_	\$0.00
F	Nonpriority Cred P.O. Box 96 Orlando, FL	0061	When was the debt incurred?				
		City State ZIp Code	As of the date you file, the claim	is: Check	all that app	ly	
v	Vho incurred t	he debt? Check one.					
	Debtor 1 only	у	☐ Contingent				
	Debtor 2 only	у	☐ Unliquidated				
	Debtor 1 and	Debtor 2 only	☐ Disputed				
	At least one	of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this	s claim is for a community	☐ Student loans				
d	lebt	bject to offset?	☐ Obligations arising out of a separeport as priority claims	aration ag	reement or o	divorce that you did not	
	No		☐ Debts to pension or profit-sharing	ng plans, a	and other sir	nilar debts	
[☐Yes		Other. Specify HH Gregg	charge	account		
Part 3:	List Others	s to Be Notified About a Debt 1	hat You Already Listed				
is trying have mo	to collect fro ore than one c	m you for a debt you owe to some	it your bankruptcy, for a debt that one else, list the original creditor in u listed in Parts 1 or 2, list the add abmit this page.	n Parts 1	or 2, then li	st the collection agency	here. Similarly, if you
Name and Great La	_		which entry in Part 1 or Part 2 did you e 4.8 of (<i>Check one</i>):	_	ū	or? h Priority Unsecured Clain	ns
	530229			Part 2: 0	Creditors wit	h Nonpriority Unsecured C	claims
Atlanta,	, GA 30353	Las	t 4 digits of account number				
			-				
Part 4:	Add the Ar	mounts for Each Type of Unse	cured Claim				
	e amounts of unsecured cla		This information is for statistical	reporting	purposes o	only. 28 U.S.C. §159. Add	the amounts for each
						Total Claim	
-	6a.	Domestic support obligations		6a.	\$	0.00	
To clair	ms						
from Par		Taxes and certain other debts yo	<u> </u>	6b.	\$	0.00	
	6c. 6d.	Other. Add all other priority unsecu	-	6c. 6d.	\$ \$	0.00	
	ou.	us an other priority undeco		54.	Ψ	0.00	

Official Form 106 E/F

Debtor 1 Tony P. Boloutchi Debtor 2 Jennifer H. Boloutchi Case number (if know) Total Priority. Add lines 6a through 6d. 6e. 0.00 \$ **Total Claim** Student loans 6f. 6f. 28,193.00 Total claims from Part 2 6g. Obligations arising out of a separation agreement or divorce that 0.00 6g. you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 6h. 0.00 Other. Add all other nonpriority unsecured claims. Write that amount 119,952.64 Total Nonpriority. Add lines 6f through 6i. 6j. 148,145.64

Fill in this infor	mation to identify your	case:		
Debtor 1	Tony P. Boloutch	ni		
	First Name	Middle Name	Last Name	
Debtor 2	Jennifer H. Bolou	ıtchi		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		MIDDLE DISTRICT OF	FLORIDA	
Case number				
(if known)				☐ Check if this is a
				amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with Name, Number	whom you have the street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3	,		, 5.13.13		
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.4	,				
	Name				<u> </u>
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.5	- ity		Ciaio	211 0000	
	Name				_
	Number	Street			
	City		State	ZIP Code	<u> </u>

Official Form 106G

Case 3:18-bk-01349-CJJ Doc 1 Filed 04/24/18 Page 30 of 66

				9	
Fill in this	s information to identify	your case:			
Debtor 1	Tony P. Bolo				
Debtor 2	First Name Jennifer H. B	Middle Name	Last Name		
(Spouse if, fil		Middle Name	Last Name		
United Sta	ates Bankruptcy Court for t	he: MIDDLE DISTRICT OF	FLORIDA		
Case num (if known)	nber				☐ Check if this is an amended filing
Officia	al Form 106H				
		a dabtara			
Sched	dule H: Your C	odeptors			12/15
your name	e and case number (if kn	own). Answer every question. ? (If you are filing a joint case, o			of any Additional Pages, write
■ No					
Arizor 		e you lived in a community pro iana, Nevada, New Mexico, Puo			states and territories include
		spouse, or legal equivalent live	with you at the time?		
in line Form	e 2 again as a codebtor c 106D), Schedule E/F (Of column 2.	only if that person is a guarant ficial Form 106E/F), or Schedu	tor or cosigner. Make	sure you have listed th 06G). Use Schedule D, S	with you. List the person shown e creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebton Name, Number, Street, City, State			Column 2: The cred Check all schedules	ditor to whom you owe the debt state apply:
3.1				☐ Schedule D, line	1
0.1	Name			☐ Schedule E/F, lii	
				☐ Schedule G, line	
	Number Street			_	
	City	State	ZIP Code		
3.2				☐ Schedule D, line	}
<u> </u>	Name			☐ Schedule E/F, lii	
				☐ Schedule G, line	
	Number Street			_	
	City	State	ZIP Code		

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Fill in this informa	tion to identify your case:	
Debtor 1	Tony P. Boloutchi	
Debtor 2 (Spouse, if filing)	Jennifer H. Boloutchi	
United States Bar	nkruptcy Court for the: MIDDLE DISTRICT OF FLORIDA	
Case number (If known)		Check if this is: ☐ An amended filing ☐ A supplement showing postpetition chapter
Official Fo	orm 106 <u>l</u>	13 income as of the following date: MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
If you have more than one job,	Fundament status	■ Employed	■ Employed
attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
employers.	Occupation	Adjunct Instructor	Nurse Manager
Include part-time, seasonal, or self-employed work.	Employer's name	Florida State College	Shands Jacksonville Medical Ct
Occupation may include student or homemaker, if it applies.	Employer's address	101 W State Street Jacksonville, FL 32202	655 W 8th Street Jacksonville, FL 32209
	How long employed ti	here? 4 Years, 1 Months	17 Years, 0 Months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 1,008.00 \$ 6,956.90

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

Official Form 1061 Schedule I: Your Income page 1

Debi	tor 1 tor 2	Tony P. Boloutchi Jennifer H. Boloutchi	_	Ca	se number (<i>if known</i>)	_			
				F	or Debtor 1			Debtor 2 or filing spouse	
	Cop	by line 4 here	4.	\$	1,008.00	1	\$	6,956.90	
5.	l ief	all payroll deductions:				_			
0.	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	35.78		\$	1,088.44	
	5b.	Mandatory contributions for retirement plans	5b.	\$		_	\$—	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$		_	\$	414.28	
	5d.	Required repayments of retirement fund loans	5d.	\$		_	\$	0.00	
	5e.	Insurance	5e.	\$	0.00	_	\$	208.96	
	5f.	Domestic support obligations	5f.	\$		_	\$	0.00	
	5g.	Union dues	5g.	\$		_	\$	0.00	
	5h.	Other deductions. Specify: ALTSS (Alt to Social Security)	5h.+			_	· · —	0.00	
		Cigna Dental Vision	_	\$ \$	- 0.00	_	\$	47.34 25.26	
		Parking	_	\$		_	\$—	13.84	
6.	Δda	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5q+5h.	— 6.	\$	111.38	-	\$	1,798.12	
7.			7.	\$		_	Ψ \$		
		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	Ф	896.62	-	Φ	5,158.78	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	8a.	\$	0.00		\$	0.00	
	8b.	Interest and dividends	8b.	\$	0.00	_	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00		\$	0.00	
	8d.	Unemployment compensation	8d.	\$		_	\$	0.00	
	8e.	Social Security	8e.	\$		_	\$	0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$	0.00	_	\$	0.00	
	8g.	Pension or retirement income	 8g.	\$	0.00	_	\$	0.00	
	8h.	Other monthly income. Specify: Ride sharing- UBER	8h.+	+ \$	4.33	_ +	- \$	0.00	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	4.33		\$	0.00	
10.	Cal	culate monthly income. Add line 7 + line 9.	10. \$		900.95 +	;	5,1	58.78 = \$	6,059.73
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.							
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depen					chedule J. 11. +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rest te that amount on the Summary of Schedules and Statistical Summary of Certailies						12. \$	6,059.73 ed
13.	Do ; ■	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	?					monthly	income
	_					—			

- 0.0.	tor 1	Tony P. Bolo	utchi			Che	ck if this is:	
		Tony F. Bolo	utem				An amended filing	
	tor 2 ouse, if filing)	Jennifer H. B	oloutchi				A supplement show 13 expenses as of	
nite	ed States Bankr	ruptcy Court for the:	MIDDLE	E DISTRICT OF FLORIDA			MM / DD / YYYY	
	e number nown)							
		rm 106J						
		J: Your E		ISES If two married people ar				
un	nber (if know	n). Answer every tibe Your Housel nt case?	y questio	ch another sheet to this f	orm. On the top or a	ny additi	onai pages, write y	our name and cas
	■ Yes. Doe	s Debtor 2 live i	n a separ	ate household?				
	■ No	_	t file Offici	al Form 106J-2, <i>Expense</i> s	for Separate Househo	old of Deb	otor 2.	
	Do you have	e dependents?	□ No					
	Do not list De Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 2	ship to	Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents i	names.			Daughter		10	Yes
					Son		11	□ No ■ Yes
								□ No
					Daughter		16	Yes
								□ No
	expenses of	penses include f people other th d your depender	nan 🗂	No Yes			_	☐ Yes
ti p	expenses of yourself and 2: Estimate your ex	f people other the d your depender ate Your Ongoir openses as of yo	nan nts? ng Monthl our bankru	Yes				pter 13 case to re
ti p p cl	expenses of yourself and 2: Estimate your exenses as of a licable date.	f people other the dyour depender ate Your Ongoin openses as of you date after the bases paid for with me assistance and	nan nts? ng Monthl bur bankruptc nankruptc	Yes y Expenses uptcy filing date unless y	lemental <i>Schedule J</i> , f you know			pter 13 case to re f the form and fill i
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5. Additional mortgage payments for your residence, such as home equity loans

	tor 1 Tony P. Boloutchi tor 2 Jennifer H. Boloutchi	Case num	nber (if known)	
6.	Utilities:			
	6a. Electricity, heat, natural gas	6a.	·	250.00
	6b. Water, sewer, garbage collection	6b.		200.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	350.00
	6d. Other. Specify:	6d.	\$	0.00
7.	Food and housekeeping supplies	7.	\$	750.00
8.	Childcare and children's education costs	8.	\$	280.00
9.	Clothing, laundry, and dry cleaning	9.	\$	75.00
10.	Personal care products and services	10.	\$	50.00
11.		11.	\$	300.00
12.	Transportation. Include gas, maintenance, bus or train fare.		· -	
	Do not include car payments.	12.	\$	425.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	75.00
14.	Charitable contributions and religious donations	14.	\$	50.00
15.	Insurance.			
	Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	328.00
	15d. Other insurance. Specify:	15d.	\$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.			
	Specify:	16.	\$	0.00
17.	Installment or lease payments:	170	¢	540.00
	17a. Car payments for Vehicle 1	17a.		516.00
	17b. Car payments for Vehicle 2	17b.	·	264.67
	17c. Other. Specify: Car#3 Pilot	17c.	· -	440.28
	17d. Other. Specify: 2nd Mortgage	17d.	\$	253.16
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
19.			\$	0.00
	Specify:	19.	·	<u> </u>
20.		dule I: Yo	our Income.	
	20a. Mortgages on other property	20a.		0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	· ·	0.00
	20e. Homeowner's association or condominium dues	20e.	·	0.00
21.			+\$	10.00
۷.,	Pet Care		+\$	50.00
			ΤΨ	50.00
22.	Calculate your monthly expenses			
	22a. Add lines 4 through 21.		\$	6,492.60
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c. Add line 22a and 22b. The result is your monthly expenses.		\$	6,492.60
	, , ,			<u> </u>
23.	Calculate your monthly net income.		•	
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.		6,059.73
	23b. Copy your monthly expenses from line 22c above.	23b.	-\$	6,492.60
	23c. Subtract your monthly expenses from your monthly income.			
	The result is your <i>monthly net income</i> .	23c.	\$	-432.87
24.	, ,			se or decrease because of a
	☐ Yes. Explain here:			
	<u> </u>			

Fill in this infor	mation to identify you	r case:		
Debtor 1	Tony P. Bolouto	:hi		
	First Name	Middle Name	Last Name	
Debtor 2	Jennifer H. Bold	******		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	MIDDLE DISTRICT OF F	LORIDA	
Case number				
(if known)				☐ Check if this is an
				amended filing
Official Ford Declarate	•	an Individual	Debtor's Schedu	les 12/15
If two married p	eople are filing togeth	er, both are equally respon	sible for supplying correct inform	ation.
obtaining mone years, or both. 1		in connection with a bankr		false statement, concealing property, or to \$250,000, or imprisonment for up to 20
Did you pa	ay or agree to pay son	neone who is NOT an attorn	ey to help you fill out bankruptcy	forms?
■ No				
☐ Yes.	Name of person			ttach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
•	alty of perjury, I declar re true and correct.	e that I have read the sumn	nary and schedules filed with this	declaration and
X /s/ Tor	ny P. Boloutchi		X /s/ Jennifer H. Bolou	ıtchi
	P. Boloutchi		Jennifer H. Boloutch	
Signatu	ire of Debtor 1		Signature of Debtor 2	
Date _	April 24, 2018		Date April 24, 2018	

Diebtor 1 Tony P, Boloutchi First Name								
Debtor 2 Jennifer H. Boloutchi Firest Nume Jennifer H. Boloutchi Jen	Fill	in this inforn	nation to identify your	case:				
Debtor 2 Jennifer H. Boloutchi Frest Name Indide Name Late Name Late Name Late Name Late Name Late Name Case number (Ithroam) Case number (Ithroam) Check if this is an amended filing Check if this is an amended filing Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 4/16 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part st: Give Details About Your Marital Status and Where You Lived Before What is your current marital status? Married Not married Debtor 1 Prior Address: Dates Debtor 1 Debtor 1 Prior Address: Dates Debtor 2 Dates Debtor 1 Debtor 1 Prior Address: Dates Debtor 1 Debtor 1 Prior Address: Dates Debtor 1 Debtor 1 Prior Address: Dates Debtor 2 Dates Debtor 1 Debtor 3 Debtor 4 Sources of Income Check if this apply. Debtor 1 Sources of Income Check if this apply. Debtor 2 Sources of income Check if this apply. Debtor 1 Sources of income Check if this apply. Debtor 2 Sources of income Check if this apply. Debtor 3 Sources of income Check if this apply. Debtor 4 Sources of income Check if this apply. Debtor 3 Sources of income Check if this apply. Debtor	Del	otor 1	Tony P. Boloutc					
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Case number Check if this is an amended filing Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 4/16 Be as complete and accurate as possible. If we married people are filing together, both are equally responsible for supplying correct nformation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married					Last Name			
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Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy ### Affairs for Individuals Filing for Bankruptcy #### Affairs for Individuals Filing for Bankruptcy ###################################	_							
Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 4/16 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct normation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. PRITS: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married 2. During the last 3 years, have you lived anywhere other than where you live now? No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 lived there last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a pinit case and you have income that you receive together, list it only once under Debtor 1. Debtor 1 Sources of income Check all that apply. (before deductions and exclusions) bonuses, tips \$24,281.47							heck if this is an	
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Tyes. Fill in the details. Debtor 1 Sources of income Check all that apply. From January 1 of current year until the date you filed for bankruptcy: Debtor 2 Sources of income (before deductions and exclusions) Gross income (before deductions and exclusions) \$2,688.00 Wages, commissions, bonuses, tips \$24,281.47		□ N-						
Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Debtor 2 Sources of income (before deductions and exclusions) Gross income (before deductions and exclusions) ### Wages, commissions, bonuses, tips \$2,688.00 ### Wages, commissions, bonuses, tips \$24,281.47		_	in the details					
Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Sources of income (before deductions and exclusions) Wages, commissions, bonuses, tips \$2,688.00 Wages, commissions, bonuses, tips \$24,281.47		- 163.1111	iii tile details.					
Check all that apply. Check all that apply. (before deductions and exclusions) Check all that apply. Check all that apply. (before deductions and exclusions) Wages, commissions, bonuses, tips Sequence of the deductions and exclusions and exclusions. Sequence of the deductions and exclusions and exclusions. Sequence of the deductions and exclusions and exclusions. Sequence of the deductions and exclusions. Sequence of the deductions and exclusions. Sequence of the deductions and exclusions. Check all that apply. Sequence of the deductions and exclusions.								
the date you filed for bankruptcy: Wages, commissions, bonuses, tips — wages, commissions, bonuses, tips — —					(before deductions and		(before deductions	
☐ Operating a business ☐ Operating a business				_	\$2,688.00	_	\$24,281.47	
				☐ Operating a business		☐ Operating a business		

Official Form 107

Tony P. Boloutchi Debtor 1 Jennifer H. Boloutchi Debtor 2 Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income Gross income Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) \$13.36 \$0.00 ☐ Wages, commissions, ☐ Wages, commissions, bonuses, tips bonuses, tips ☐ Operating a business Operating a business For last calendar year: \$22,578.00 \$87,252.00 Wages, commissions. Wages, commissions. (January 1 to December 31, 2017) bonuses, tips bonuses, tips ☐ Operating a business Operating a business \$1,625.24 \$0.00 ☐ Wages, commissions, ☐ Wages, commissions, bonuses, tips bonuses, tips ☐ Operating a business Operating a business For the calendar year before that: \$75,252.00 \$15,653.60 Wages, commissions, Wages, commissions, (January 1 to December 31, 2016) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business \$3,254.55 \$0.00 ☐ Wages, commissions, ☐ Wages, commissions, bonuses, tips bonuses, tips ☐ Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? □ No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1 Debtor 2	Tony P. Boloutchi Jennifer H. Boloutchi			Case number (if known)	
	Yes.		or Debtor 2 or both have primarily consumer debts. e 90 days before you filed for bankruptcy, did you pay any cred Go to line 7. List below each creditor to whom you paid a total of \$600 or include payments for domestic support obligations, such as attorney for this bankruptcy case.		

Creditor's Name and Address	Dates of payment	Total amount	Amount you	Was this payment for
Creditor s Name and Address	bates of payment	paid	still owe	was this payment for
Community First CU PO Box 77404 Ewing, NJ 08628	03/14/18, 3/22/18	\$8,643.17	\$215,526.26	■ Mortgage □ Car □ Credit Card □ Loan Repayment □ Suppliers or vendors □ Other
Community First CU PO Box 2600 Jacksonville, FL 32232	1/6/18, 2/18/18, 3/15/18	\$1,548.00	\$31,066.00	☐ Mortgage ■ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other
Lincoln Financial P.O. Box 7876 Fort Wayne, IN 46801	1/5/18, 1/19/18, 2/2/18, 2/16/18, 3/2/18, 3/16/18, 3/29/18	\$913.38	\$15,328.00	☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other 401 (k) loan
American Express P.O.Box 981535 El Paso, TX 79998	1/1/18, 2/1/18, 2/2/18, 2/18/18, 3/31/18	\$2,988.53	\$483.12	☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other
Partners CU Visa PO Box 37035 Boone, IA 50037	1/4/18, 2/4/18, 3/4/18	\$640.00	\$8,311.16	☐ Mortgage ☐ Car ■ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other
Community First CU P.O. Box 2600 JACKSONVILLE, FL 32232	1/6/18, 2/2/18, 3/4/18	\$1,503.60	\$23,337.37	☐ Mortgage ☐ Car ☐ Credit Card ■ Loan Repayment ☐ Suppliers or vendors ☐ Other

	otor 2 Jennifer H. Boloutchi		Cas	se number (if known)		
	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pa	yment for
	Partners Credit Union 2190 S. Towne Centre Place Anaheim, CA 92806	January 2018, February 2018, March 2018	\$1,320.84	\$22,757.00	☐ Mortgage ☐ Car ☐ Credit Ca ☐ Loan Rep ☐ Suppliers ☐ Other	ard payment
	Community First Credit Union Bankruptcy/Legal Dept. P.O. Box 2600 Jacksonville, FL 32232-0077		\$759.48	\$28,617.93	■ Mortgage □ Car □ Credit Ca □ Loan Rep □ Suppliers □ Other	ard payment
7.	Within 1 year before you filed for bankrupt Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. It alimony.	artners; relatives of any gencontrol, or owner of 20%	eneral partners; partners or more of their voting	erships of which yog g securities; and a	ou are a genera ny managing a	al partner; corporations gent, including one fo
	No☐ Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos No Yes. List all payments to an insider		yments or transfer a	any property on a	eccount of a de	ebt that benefited an
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment itor's name
Pai	t 4: Identify Legal Actions, Repossession	ns, and Foreclosures				
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of th	e case
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo	, , , , ,	perty repossessed, f	oreclosed, garnis	shed, attached	I, seized, or levied?
	■ No. Go to line 11.□ Yes. Fill in the information below.					
	Creditor Name and Address	Describe the Property	1	Date		Value of the
		Explain what happene	ed			property

	otor 1 otor 2	Tony P. Boloutchi Jennifer H. Boloutchi		Case numbe	r (if known)	
11.	accor	n 90 days before you filed for bankrounts or refuse to make a payment be No Yes. Fill in the details.		did any creditor, including a bank or financial in you owed a debt?	nstitution, set off any	amounts from your
		ditor Name and Address	De	escribe the action the creditor took	Date action was	Amount
					taken	
12.	court	in 1 year before you filed for bankrup t-appointed receiver, a custodian, or No Yes		ras any of your property in the possession of an er official?	assignee for the ben	efit of creditors, a
Dar		List Certain Gifts and Contributions				
	Withi			did you give any gifts with a total value of more	than \$600 per person	?
	Gifts	s with a total value of more than \$600 person)	Describe the gifts	Dates you gave the gifts	Value
		son to Whom You Gave the Gift and ress:				
14.	= 1	in 2 years before you filed for bankru No Yes. Fill in the details for each gift or co		did you give any gifts or contributions with a to	tal value of more than	\$600 to any charity?
	more Chai	s or contributions to charities that to e than \$600 rity's Name ress (Number, Street, City, State and ZIP Code)		Describe what you contributed	Dates you contributed	Value
Par	t 6:	List Certain Losses				
15.	or ga	n 1 year before you filed for bankrupmbling? No Yes. Fill in the details.	otcy or	since you filed for bankruptcy, did you lose an	ything because of the	ft, fire, other disaster,
			Descr	ibe any insurance coverage for the loss	Date of your	Value of property
	how			e the amount that insurance has paid. List pending nce claims on line 33 of <i>Schedule A/B: Property</i> .	loss	lost
Par	t 7:	List Certain Payments or Transfers				
16.	Includ	ulted about seeking bankruptcy or p	repari	id you or anyone else acting on your behalf pay ng a bankruptcy petition? rs, or credit counseling agencies for services require		erty to anyone you
	Add	on Who Was Paid ress iil or website address on Who Made the Payment, if Not Yo	ou	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Law 6550 Suit Jacl	or Office of E.R. Mousa, PA 0 St. Augustine Road de 202 ksonville, FL 32217 usa@mousalaw.com		Attorney Fees \$1400 Filing Fee \$335 Due Diligence \$265	April 2018	\$1,400.00

Debtor 1 Tony P. Boloutchi
Debtor 2 Jennifer H. Boloutchi

Case number (if known)

	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	transferred site address		rty	Date payment or transfer was made	Amount of payment
	001 Debtorcc, Inc. 389 Summit Avenue Jersey City, NJ 07306 www.debtorcc.org	credit counseli	ng \$14.95		March 2018	\$14.95
17.	Within 1 year before you filed for bankruptcy promised to help you deal with your creditor Do not include any payment or transfer that you	s or to make payment			r transfer any prope	erty to anyone who
	No Yes. Fill in the details.					
	Person Who Was Paid Address	Description and transferred	value of any prope	rty	Date payment or transfer was made	Amount of payment
18.	 Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. 					
	Person Who Received Transfer Address	Description and property transfer			any property or received or debts change	Date transfer was made
	Person's relationship to you					
	Arlington Toyota	Lexus RX350		2017 Toy	ota Highlander	February 2017
	none					
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro ■ No □ Yes. Fill in the details.		ny property to a se	lf-settled tru	ıst or similar device	of which you are a
	Name of trust	Description and	value of the proper	ty transferr	ed	Date Transfer was made
Par	t 8: List of Certain Financial Accounts, Ins	truments, Safe Depos	it Boxes, and Stora	ige Units		
20.	Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, association No	r other financial accou	ints; certificates of			, ,
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account instrument	clo	te account was sed, sold, oved, or nsferred	Last balance before closing or transfer

	tor 1 Tony P. Boloutchi or 2 Jennifer H. Boloutchi		Case number (if known)	
21.	Do you now have, or did you have within 1 year cash, or other valuables?	before you filed for bankruptcy, ar	ny safe deposit box or other deposito	ry for securities,
	No			
	Yes. Fill in the details.			
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
22.	Have you stored property in a storage unit or pla	ace other than your home within 1	year before you filed for bankruptcy?	?
	No			
	Yes. Fill in the details.			
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
Par	9: Identify Property You Hold or Control for S	Someone Else		
	Do you hold or control any property that someon for someone.	ne else owns? Include any propert	ty you borrowed from, are storing for	, or hold in trust
	No			
	Yes. Fill in the details.			
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Par	10: Give Details About Environmental Informa	tion		
For t	he purpose of Part 10, the following definitions a	apply:		
•	Environmental law means any federal, state, or l toxic substances, wastes, or material into the ai regulations controlling the cleanup of these sub Site means any location, facility, or property as o	r, land, soil, surface water, ground stances, wastes, or material. defined under any environmental l	water, or other medium, including st	atutes or
_	to own, operate, or utilize it, including disposal			
	Hazardous material means anything an environr hazardous material, pollutant, contaminant, or s		waste, hazardous substance, toxic s	substance,
Repo	rt all notices, releases, and proceedings that yo	u know about, regardless of when	they occurred.	
24.	Has any governmental unit notified you that you	may be liable or potentially liable	under or in violation of an environme	ental law?
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of any	release of hazardous material?		
	No			
	Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice

Case 3:18-bk-01349-CJJ Doc 1 Filed 04/24/18 Page 43 of 66

Debte Debte		Tony P. Boloutchi Jennifer H. Boloutchi			Case	number (if known)		
26. H	_	you been a party in any judicial or adn	ninistrative proc	eeding under any env	/ironme	ental law? Include settl	lements an	d orders.
	J ,	Yes. Fill in the details.						
		e Title e Number	Court or a Name Address (I State and ZIP	Number, Street, City,	Natu	re of the case		Status of the case
Part	11:	Give Details About Your Business or	Connections to	Any Business				
27. V	Vithi	n 4 years before you filed for bankrupt	cy, did you own	a business or have a	ny of th	ne following connectio	ns to any b	usiness?
		A sole proprietor or self-employed i	n a trade, profes	ssion, or other activity	, either	full-time or part-time		
		☐ A member of a limited liability comp						
		☐ A partner in a partnership						
	ı	☐ An officer, director, or managing ex	ecutive of a corp	ooration				
		☐ An owner of at least 5% of the votin	g or equity secu	rities of a corporation	1			
	_	No. None of the above applies. Go to F		·				
	_	Yes. Check all that apply above and fill		elow for each busines	SS.			
		iness Name	Describe the nature of the business			Employer Identification	n number	
		ress ber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper			Do not include Social Security number or ITIN.		
		_				Dates business existed EIN:		
	UBE	ER	Transportation					
_						From-To		
i I I	■ I	n 2 years before you filed for bankrupt utions, creditors, or other parties. No Yes. Fill in the details below. te ress ber, Street, City, State and ZIP Code)	cy, did you give Date Issued	a financial statement	to any	one about your busine	ess? Includ	e all financial
Part	12:	Sign Below						
have are tro with a	rea ue ai bar	d the answers on this <i>Statement of Fir</i> nd correct. I understand that making a nkruptcy case can result in fines up to §§ 152, 1341, 1519, and 3571.	false statement,	, concealing property	, or obt	aining money or prope		
		P. Boloutchi		nnifer H. Boloutchi				
		Boloutchi e of Debtor 1		fer H. Boloutchi ure of Debtor 2				
Date	Α	pril 24, 2018	Date	April 24, 2018				
Did yo ■ No □ Ye		ttach additional pages to Your Stateme	ent of Financial A	Affairs for Individuals	Filing	for Bankruptcy (Officia	l Form 107)?
Did yo ■ No	-	ay or agree to pay someone who is not	an attorney to I	nelp you fill out bankr	uptcy f	forms?		
		ame of Person Attach the Bankru	ptcy Petition Prep	parer's Notice, Declarat	tion, and	d Signature (Official Forr	m 119).	

ion to identify your case:		
Tony P. Boloutchi		
	e Last Name	
	Last Name	
		☐ Check if this is an amended filing
	ividuals Filing Under Chapte	e r 7 12/15
aims secured by your property, or personal property and the lease has orm with the court within 30 days aft is earlier, unless the court extends in the are filing together in a joint case, late the form. accurate as possible. If more space name and case number (if known).	s not expired. ter you file your bankruptcy petition or by the date set the time for cause. You must also send copies to the both are equally responsible for supplying correct inf e is needed, attach a separate sheet to this form. On the	creditors and lessors you list formation. Both debtors must
	e D: Creditors Who Have Claims Secured by Property	(Official Form 106D), fill in the
	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
872 South Landguard Road	 □ Surrender the property. □ Retain the property and redeem it. ■ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: 	□ No ■ Yes
	Jennifer H. Boloutchi First Name Middle Name uptcy Court for the: MIDDLE DISTI MIDDLE DISTI MIDDLE DISTI MIDDLE DISTI Description of Ind ual filing under chapter 7, you must aims secured by your property, or personal property and the lease has born with the court within 30 days after is earlier, unless the court extends m leare filing together in a joint case, late the form. If accurate as possible. If more space name and case number (if known). Creditors Who Have Secured Claim that you listed in Part 1 of Scheduley. or and the property that is collateral munity 1st Cu/cenla 872 South Landguard Road Saint Augustine, FL 32092	Tony P. Boloutchi First Name

Creditor's **Community FirstCu** name:

Description of property 2017 Toyota Highlander 23,523 miles

securing debt: VIN: 5TDKZRFH0HS510180

 \square Surrender the property.

☐ Retain the property and redeem it.

Retain the property and enter into a Reaffirmation Agreement.

☐ Retain the property and [explain]:

☐ Yes

■ No

Creditor's **Community FirstCu** name:

Retain the property and redeem it.Retain the property and enter into a

■ Yes

□ No

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

☐ Surrender the property.

Case 3:18-bk-01349-CJJ Doc 1 Filed 04/24/18 Page 45 of 66

	P. Boloutchi ifer H. Boloutchi	Case number (if known)				
Description of property securing debt:	1872 South Landguard Road Saint Augustine, FL 32092 Saint Johns County Residence: Single family home, 2300 sq ft, located in St. Johns County FL.	Reaffirmation Agreement. Retain the property and [explain]:	_			
Creditor's Paname: Description of property securing debt:	artners Fed Cr Un 2014 Honda Pilot 107, 301 miles VIN: 5FNYF3H49EB01981	 □ Surrender the property. □ Retain the property and redeem it. ■ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: 	■ No □ Yes			
Creditor's Vy name: Description of property securing debt:	ystar Credit Union 2016 Toyota Camry 39.000 miles Vehicle: VIN 4T1BF1FK6GU169606	 ☐ Surrender the property. ☐ Retain the property and redeem it. ■ Retain the property and enter into a Reaffirmation Agreement. ☐ Retain the property and [explain]: 	■ No □ Yes			
For any unexpired		in Schedule G: Executory Contracts and Unexpired leases are leases that are still in effect; the				
You may assume	an unexpired personal property lease if	the trustee does not assume it. 11 U.S.C. § 365(p)(2).			
You may assume	an unexpired personal property lease if nexpired personal property leases	the trustee does not assume it. 11 U.S.C. § 365(p)(2				
You may assume Describe your ur Lessor's name: Description of lease	an unexpired personal property lease if nexpired personal property leases	the trustee does not assume it. 11 U.S.C. § 365(p)(2). Will the lease be assumed? □ No			
Property: Lessor's name: Description of least Property: Lessor's name: Description of least Property:	an unexpired personal property lease if nexpired personal property leases sed	the trustee does not assume it. 11 U.S.C. § 365(p)(2	Will the lease be assumed? No Yes No			
You may assume Describe your ur Lessor's name: Description of lease Property: Lessor's name: Description of lease Property: Lessor's name: Description of lease Property:	an unexpired personal property lease if nexpired personal property leases sed sed	the trustee does not assume it. 11 U.S.C. § 365(p)(2	Will the lease be assumed? No Yes No Yes No No			
You may assume Describe your ur Lessor's name: Description of lease Property:	an unexpired personal property lease if nexpired personal property leases sed sed	the trustee does not assume it. 11 U.S.C. § 365(p)(2	Will the lease be assumed? No Yes No Yes No Yes No No No			
You may assume Describe your ur Lessor's name: Description of lease Property: Lessor's name: Description of lease Property:	an unexpired personal property lease if nexpired personal property leases sed sed sed sed	the trustee does not assume it. 11 U.S.C. § 365(p)(2	No			

Official Form 108

Case 3:18-bk-01349-CJJ Doc 1 Filed 04/24/18 Page 46 of 66

Debtor 2 Jennifer H. Bolout	ahi	
	JIII	Case number (if known)
Description of leased Property:		☐ Yes
Part 3: Sign Below		
property that is subject to an un X /s/ Tony P. Boloutchi	expired lease.	operty of my estate that secures a debt and any personal nifer H. Boloutchi
	1	
Tony P. Boloutchi	Jennit	er H. Boloutchi
· · · · · · · · · · · · · · · · · · ·	***************************************	er H. Boloutchi re of Debtor 2

Fill in this info	rmation to identify your case:			one box only as o	lirected in th	is form and	in Form
Debtor 1	Tony P. Boloutchi		122A-1	Supp:			
Debtor 2 (Spouse, if filing)	Jennifer H. Boloutchi		_	. There is no pres	umption of a	abuse	
	Bankruptcy Court for the: Middle District of I	Florida	_ ■ 2	. The calculation applies will be r	nade under	Chapter 7 M	•
Case number			_	Calculation (Off		,	
(if known)				. The Means Test qualified militar		. ,	
				Check if this is a	n amende	d filing	
Official F	Form 122A - 1						
Chapter	7 Statement of Your Cui	rent Montl	hly Incor	ne			12/1
attach a separa case number (if qualifying milita Part 1:	and accurate as possible. If two married people at the sheet to this form. Include the line number to vice when we have a second to the line of the li	rhich the additional in ma presumption of a ption from Presumption of a ption from Presumpti	nformation appli abuse because y	es. On the top of a ou do not have pri	ny additional narily consu	l pages, write mer debts or	your name and because of
	narried. Fill out Column A, lines 2-11.	•					
■ Marri	ed and your spouse is filing with you. Fill o	ut both Columns A a	and B, lines 2-1	1.			
	ed and your spouse is NOT filing with you.						
_	ring in the same household and are not lega			ns A and B, lines	2-11.		
pe	ring separately or are legally separated. Fill enalty of perjury that you and your spouse are ling apart for reasons that do not include evading	egally separated un	der nonbankru	otcy law that appli	es or that yo		
101(10A). Fo the 6 months	rerage monthly income that you received from all or example, if you are filing on September 15, the 6-ms, add the income for all 6 months and divide the total the same rental property, put the income from that property.	onth period would be by 6. Fill in the result.	March 1 through / Do not include a	August 31. If the amony income amount m	ount of your more than once	nonthly income e. For example	e varied during e, if both
•				lumn A btor 1	Column E Debtor 2 non-filing	or	
_	oss wages, salary, tips, bonuses, overtime, eductions).	and commissions	(before all \$_	672.00	\$7	7,431.55	
	r and maintenance payments. Do not include B is filled in.	payments from a sp	pouse if \$_	0.00	\$	0.00	
of you o from an u and roon filled in. I	unts from any source which are regularly par your dependents, including child support unmarried partner, members of your household mates. Include regular contributions from a spon ont include payments you listed on line 3.	Include regular conditions, your dependents, youse only if Column	ntributions parents,	0.00	\$	0.00	
5. Net inco	me from operating a business, profession,	or farm Debtor	1				
Gross ra	ceipts (before all deductions)	\$ 0.00					
	and necessary operating expenses	-\$ 0.00					
•	thly income from a business, profession, or far	m \$ 0.00 Cd	ppy here -> \$	0.00	\$	0.00	
6. Net inco	me from rental and other real property		_				
		Debtor	1				
	ceipts (before all deductions)	\$ <u>0.00</u> -\$ 0.00					
•	and necessary operating expenses		opy here -> \$	0.00	\$	0.00	
	thly income from rental or other real property	\$C	_ د- py liele -> _	0.00	\$	0.00	

Official Form 122A-1

7. Interest, dividends, and royalties

Jennifer H. Boloutchi Debtor 2 Case number (if known) Column B Column A Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you 0.00 For your spouse 9. Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. . Ride sharing- UBER 43.85 0.00 0.00 0.00 Total amounts from separate pages, if any. 0.00 0.00 \$ 11. Calculate your total current monthly income. Add lines 2 through 10 for 715.85 \$ \$ 7,431.55 \$ 8,147.40 each column. Then add the total for Column A to the total for Column B. Total current monthly Part 2: **Determine Whether the Means Test Applies to You** 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 8,147.40 Multiply by 12 (the number of months in a year) x 12 97,768.80 12b. The result is your annual income for this part of the form 12h. 13. Calculate the median family income that applies to you. Follow these steps: FL Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size of household. 82,912.00 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. 14b. Go to Part 3 and fill out Form 122A-2. Part 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Tony P. Boloutchi X /s/ Jennifer H. Boloutchi Tony P. Boloutchi Jennifer H. Boloutchi Signature of Debtor 1 Signature of Debtor 2 Date April 24, 2018 Date April 24, 2018 MM / DD / YYYY MM / DD / YYYY If you checked line 14a, do NOT fill out or file Form 122A-2. If you checked line 14b, fill out Form 122A-2 and file it with this form.

Tony P. Boloutchi

Debtor 1

Fill	in this inf	ormation to identify your case:	Check the appropriate box as directed in lines 40 or 42:
Deb	otor 1	Tony P. Boloutchi	
	otor 2 ouse, if filir	Jennifer H. Boloutchi	According to the calculations required by this Statement:
` '	·	Bankruptcy Court for the: Middle District of Florida	■ 1. There is no presumption of abuse.
	se number nown)		☐ 2. There is a presumption of abuse.
			☐ Check if this is an amended filing
		Form 122A - 2	
Ch	apter	7 Means Test Calculation	04/1
To fi	ill out this	form, you will need your completed copy of Chapter 7 Statem	ent of Your Current Monthly Income (Official Form 122A-1).
	tional pag	ed, attach a separate sheet to this form, Include the line numb jes, write your name and case number (if known). etermine Your Adjusted Income	er to which additional information applies. On the top any
1.	Сору уо	ur total current monthly income. Copy line 11	from Official Form 122A-1 here=> \$ 8,147.40
2.	Did you	fill out Column B in Part 1 of Form 122A-1?	
	□ No.	Fill in \$0 for the total on line 3.	
	Yes.	Is your spouse Filing with you?	
	☐ No.	Go to line 3.	
	■ Yes	s. Fill in \$0 for the total on line 3.	
3.		our current monthly income by subtracting any part of your spold expenses of you or your dependents. Follow these steps:	pouse's income not used to pay for the
		1, Column B of Form 122A–1, was any amount of the income you s of you or your dependents?	reported for your spouse NOT regularly used for the household
	■ No.	Fill in 0 for the total on line 3.	
	☐ Yes.	Fill in the information below:	
	Sta	ate each purpose for which the income was used	Fill in the amount you
	Fo	r example, the income is used to pay your spouse's tax debt or to pport other than you or your dependents.	are subtracting from your spouse's income
			\$
			\$
			\$
		Total.	\$0.00

Official Form 122A-2

0.00

8,147.40

Adjust your current monthly income. Subtract line 3 from line 1.

Copy total here=>... - \$

\$

to ans instru Deduc your a	Calculate Your Deductions from Your Income atternal Revenue Service (IRS) issues National and Lower the questions in lines 6-15. To find the IRS stactions for this form. This information may also be a			nounts. Use these amo	uinto
to ans instru Deduc your a	swer the questions in lines 6-15. To find the IRS sta			nounts. Use these amo	unto
your a				fied in the separate	ounts
	ct the expense amounts set out in lines 6-15 regardless ctual expenses if they are higher than the standards. D e in line 3 and do not deduct any operating expenses the	o not deduct any a	mounts that you subtr	acted fro your spouse's	
lf your	expenses differ from month to month, enter the average	ge expense.			
Whene	ever this part of the from refers to you, it means both yo	ou and your spouse	if Column B of Form	122A-1 is filled in.	
5. T	he number of people used in determining your ded	luctions from inco	me		
р	ill in the number of people who could be claimed as ex lus the number of any additional dependents whom yo ne number of people in your household.				
Natior	nal Standards You must use the IRS National	al Standards to ans	wer the questions in lin	nes 6-7.	
	food, clothing, and other items: Using the number of standards, fill in the dollar amount for food, clothing, and		d in line 5 and the IRS	National \$	1,975.00
th p	Out-of-pocket health care allowance: Using the number dollar amount for out-of-pocket health care. The number dollar amount for out-of-pocket health care. The number deple who are 65 or older-because older people have igher than this IRS amount, you may deduct the additional transfer of the second seco	nber of people is sp a higher IRS allow	olit into two categories ance for health care c	people who are under 6	55 and
Peopl	e who are under 65 years of age				
7	a. Out-of-pocket health care allowance per person	\$49	<u> </u>		
7	b. Number of people who are under 65	X 5			
7	c. Subtotal. Multiply line 7a by line 7b.	\$\$	Copy here=	> \$245.00	
Peopl	e who are 65 years of age or older				
7	d. Out-of-pocket health care allowance per person	\$117	-		
7	e. Number of people who are 65 or older	X0			
	f. Subtotal. Multiply line 7d by line 7e.	\$	Copy here=	> +\$	
7	·				

Tony P. Boloutchi

Case number (if known)

|--|

Local Standards	You must use the IRS Local	Standards to answer the o	uestions in lines 8-15.
-----------------	----------------------------	---------------------------	-------------------------

		n information from the IRS, the U.S. Trustee Progra tcy purposes into two parts:	am has di	vided the IRS L	∟ocal Stand	lard fo	or housi	ng for		
■ H	lousi	ng and utilities - Insurance and operating expense	es							
- H	lousi	ng and utilities - Mortgage or rent expenses								
To a	ınsw	er the questions in lines 8-9, use the U.S. Trustee	Program (chart.						
		e chart, go online using the link specified in the separated transport		ctions for this for	m.					
8.		sing and utilities - Insurance and operating expen e dollar amount listed for your county for insurance an	,	0				5, fill		667.00
9.	Hou	sing and utilities - Mortgage or rent expenses:								
	9a.	Using the number of people you entered in line 5, fill listed for your county for mortgage or rent expenses					\$ 1	,728.00		
	9b.	Total average monthly payment for all mortgages and	d other de	bts secured by y	our home.					
		To calculate the total average monthly payment, add contractually due to each secured creditor in the 60 r for bankruptcy. Then divide by 60.								
		Name of the creditor	Avera paym	age monthly ent						
		Community 1st Cu/cenla	\$	1,425.00						
		Community FirstCu	\$	253.16						
		Total average monthly payment	\$	1,678.16	Copy here=>	-\$		1,678.16	Repeat this amount on line 33a.	
	9c.	Net mortgage or rent expense.								
		Subtract line 9b (total average monthly payment) from or rent expense). If this amount is less than \$0, enter			\$		49.84	Copy here=>	. \$	49.84
10.	If yo	ou claim that the U.S. Trustee Program's division o cts the calculation of your monthly expenses, fill in	f the IRS n any add	Local Standard litional amount	l for housin you claim.	ıg is ir	ncorrec	t and	\$	0.00
	Ex	plain why:								
11.	Loc	al transportation expenses: Check the number of ve	hicles for	which you claim	ı an ownersl	nip or (operatin	g expense		
		. Go to line 14.								
	□ 1	. Go to line 12.								
	2 2	or more. Go to line 12.								
12.		icle operation expense: Using the IRS Local Standa rating expenses, fill in the Operating Costs that apply f							\$	430.00

ebtor 1 ebtor 2		P. Boloutchi ifer H. Boloutchi				Case numl	ber (<i>if known</i>)		
	You may		kpense: Using the IRS Local if you do not make any loan						
Veh	nicle 1	Describe Vehicle 1:	2017 Toyota Highlande 5TDKZRFH0HS510180		niles VIN:				
13a.	Ownersh	ip or leasing costs usin	g IRS Local Standard			\$_	485.00		
13b.	·	monthly payment for al	Il debts secured by Vehicle 1 vehicles.						
	are contr		ly payment here and on line cured creditor in the 60 mon			at			
	Nan	ne of each creditor fo	r Vehicle 1	Average payment					
	Co	mmunity FirstCu		\$	579.15				
		Total A	Average Monthly Payment	\$	579.15	Copy here =>	- \$57	Repeat this amount on line 33b.	
13c.		cle 1 ownership or leas line 13b from line 13a.	e expense if this amount is less than \$0	, enter \$0.		\$_	0.00	Copy net Vehicle 1 expense here => \$	0.00
Veh	nicle 2	Describe Vehicle 2:	2016 Toyota Camry 39 4T1BF1FK6GU169606	.000 miles	Vehicle: \	/IN			
13d.	Ownersh	ip or leasing costs usin	g IRS Local Standard			\$_	485.00		
13e.	Average leased ve		ll debts secured by Vehicle 2	. Do not incl	ude costs fo	or			
	Nan	ne of each creditor fo	r Vehicle 2	Average payment	-				
	Vys	star Credit Union		\$	271.74				
		Total A	Average Monthly Payment	\$	271.74	Copy here => -\$	<u>271.</u>	Repeat this amount on line 33c.	
13f.	Net Vehi	cle 2 ownership or leas	e expense					Copy net	
	Subtract	line 13e from line 13d.	if this amount is less than \$0), enter \$0		. \$_	213.26	Vehicle 2 expense here => \$	213.26
14.			e: If you claimed 0 vehicles in				ndards, fill in the	e Public \$	0.00
	also ded	uct a public transportati	on expense: If you claimed ion expense, you may fill in we cal Standard for <i>Public Trans</i>	vhat you bel					0.00

Debtor 1 Debtor 2

Case 3:18-bk-01349-CJJ Doc 1 Filed 04/24/18 Page 53 of 66

Debtor 1 Debtor 2 Tony P. Boloutchi
Jennifer H. Boloutchi
Case number (if known)

Nacconstructive			
• •	n addition to the expense deductions listed above, you are allowed your monthly expenses he following IRS categories.	for	
self-employment taxes, social your pay for these taxes. How	al security taxes, and Medicare taxes. You may include the monthly amount withheld from wever, if you expect to receive a tax refund, you must divide the expected refund by 12		
Do not include real estate, sa	ales, or use taxes.	\$	1,324.22
Do not include amounts that	are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$	0.00
filing together, include payme	ents that you make for your spouse's term life insurance. Do not include premiums for life	\$	0.00
Do not include payments on p	past due obligations for spousal or child support. You will list these obligations in line 35.	\$	0.00
	• • • •		
_ , ,	•	\$	0.00
Childcare: The total monthly	amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.		
Do not include payments for	any elementary or secondary school education.	\$	280.00
that is required for the health by a health savings account.	and welfare of you or your dependents and that is not reimbursed by insurance or paid Include only the amount that is more than the total entered in line 7.	c	0.00
Payments for health insurance	ce or health savings accounts should be listed only in line 25.	>	0.00
for you and your dependents phone service, to the extent r	, such as pagers, call waiting, caller identification, special long distance, or business cell necessary for your health and welfare or that of your dependents or for the production of		
		+\$	0.00
Add all of the expenses allowed Add lines 6 through 23.	owed under the IRS expense allowances.	\$	5,184.32
	Taxes: The total monthly am self-employment taxes, social your pay for these taxes. How and subtract that number from Do not include real estate, says and subtract that number from Do not include real estate, says and the self-employments. The contributions, union dues, and Do not include amounts that the Life Insurance: The total modifiling together, include payments insurance on your dependent term. Court-ordered payments: The administrative agency, such a doministrative agency, such a doministrative agency, such a doministrative agency, such a for your physically or mental to the self-employments for the total monthly. Do not include payments for Additional health care expetituat is required for the health by a health savings account. Payments for health insurance. Optional telephone and telefor you and your dependents phone service, to the extent income, if it is not reimbursed. Do not include payments for expenses, such as those reputations.	Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.	Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimburse

Debtor 1 Debtor 2 Tony P. Boloutchi
Jennifer H. Boloutchi
Case number (if known)

Add	itional	Expense Deductions These are additional Control of the Control of	ional de	eduction	ns allowed by th	e Means Test.		
		Note: Do not in	clude ar	ny expe	nse allowances	listed in lines 6-24.		
25.	insura	n insurance, disability insurance, and he nce, disability insurance, and health saving ependents.					r	
	Health	insurance		\$	415.00			
	Disabi	lity insurance		\$	0.00			
	Health	savings account	-	+ \$	0.00			
	Total			\$	415.00	Copy total here=>	\$	415.00
	Do you	u actually spend this total amount?				J		
		No. How much do you actually spend?						
		Yes		\$				
26.	conting your h	nued contributions to the care of house ue to pay for the reasonable and necessar ousehold or member of your immediate fal e contributions to an account of a qualified	y care a nily who	nd sup is una	port of an elderlible to pay for su	y, chronically ill, or disabled member of uch expenses. These expenses may	\$	0.00
27.		ction against family violence. The reason of you and your family under the Family V						
	By law	, the court must keep the nature of these	xpense	s confid	dential.		\$	0.00
28.	Additi	onal home energy costs. Your home ene	rgy cos	ts are ii	ncluded in your	insurance and operating expenses on		
		believe that you have home energy costs to fill in the excess amount of home energy		more th	nan the home er	nergy costs included in expenses on line		
		ust give your case trustee documentation at claimed is reasonable and necessary.	of your a	actual e	expenses, and y	ou must show that the additional	\$	0.00
29.	\$160.4	ation expenses for dependent children value 2* per child) that you pay for your depend elementary or secondary school.						
		ust give your case trustee documentation d is reasonable and necessary and not alr						
	* Subj	ect to adjustment on 4/01/19, and every 3	ears af	ter that	for cases begui	n on or after the date of adjustment.	\$	0.00
30.	higher	onal food and clothing expense. The methan the combined food and clothing allow % of the food and clothing allowances in the	/ances i	n the IF	RS National Star			
		d a chart showing the maximum additional tions for this form. This chart may also be						
	You m	ust show that the additional amount claime	ed is rea	sonabl	e and necessar	y.	\$	0.00
31.		nuing charitable contributions. The amo nents to a religious or charitable organizat				ntribute in the form of cash or financial	+\$	50.00
32.		II of the additional expense deductions. nes 25 through 31.					\$	465.00

Debtor 1 Debtor 2 Denifer H. Boloutchi
Case number (if known)

	ctions for Debt Payment					
	or debts that are secured by an intercans, and other secured debt, fill in li	est in property that you own, including hom nes 33a through 33e.	e mort	gages, vehicle		
	o calculate the total average monthly pa editor in the 60 months after you file for	ayment, add all amounts that are contractually bankruptcy. Then divide by 60.	due to e	each secured		
	Mortgages on your home:					verage monthly syment
33a.	Copy line 9b here	=> \$	1,678.16			
	Loans on your first two vehicles:					
33b.	Copy line 13b here				=> \$	579.15
33c.	Copy line 13e here				=> \$	271.74
33d.	List other secured debts:					
Name	of each creditor for other secured debt	Identify property that secures the debt		Does payment include taxes insurance?		
		2014 Honda Pilot 107, 301 miles		■ No		
	Partners Fed Cr Un	VIN: 5FNYF3H49EB01981		☐ Yes	\$	424.26
-					Ψ,	
					Φ.	
-				_ L Yes	\$	
				□ No		
				☐ Yes	+\$	
•						
					Copy total	
33e.	Total average monthly payment. Add li	ines 33a through 33d	\$_	2,953.31	here=>	\$ 2,953.31
		secured by your primary residence, a vehi- upport or the support of your dependents?				
	Yes. State any amount that you mus	st pay to a creditor, in addition to the payments ssion of your property (called the <i>cure amount</i>)				
	Next, divide by 60 and fill in the	e information below.				
Name	Next, divide by 60 and fill in the	Identify property that secures the debt		Total cure amount		Monthly cure amount
	Next, divide by 60 and fill in the		9	amount	÷60 = \$	
	Next, divide by 60 and fill in the e of the creditor			amount	÷60 = \$	
	Next, divide by 60 and fill in the e of the creditor			amount	Сору	
	Next, divide by 60 and fill in the e of the creditor	Identify property that secures the debt		amount	 	amount
-NO	Next, divide by 60 and fill in the e of the creditor	Identify property that secures the debt Tot as a priority tax, child support, or alimony -	al \$	amount	Copy	amount
-NO	Next, divide by 60 and fill in the e of the creditor NE- o you owe any priority claims such a e past due as of the filing date of you	Identify property that secures the debt Tot as a priority tax, child support, or alimony -	al \$	amount	Copy	amount
-NO	Next, divide by 60 and fill in the e of the creditor NE- o you owe any priority claims such a re past due as of the filing date of you not	Identify property that secures the debt Tot as a priority tax, child support, or alimony - to bankruptcy case? 11 U.S.C. § 507.	al \$	amount	Copy	amount

Debtor 1 Debtor 2		ifer H. Boloutchi		Case	num	nber (<i>if known</i>)				
Fo	or more	eligible to file a case under Chapter 13? 11 U.S.C. § information, go online using the link for Bankruptcy Bas ns for this form. Bankruptcy Basics may also be available	sics specified			fice.				
	No.	Go to line 37.								
	Yes.	Fill in the following information.								
		Projected monthly plan payment if you were filing unde	er Chapter 13	3 5	5	2.9	53.00			
		Current multiplier for your district as stated on the list is Administrative Office of the United States Courts (for d and North Carolina) or by the Executive Office for Unite (for all other districts).	ssued by the listricts in Ala	bama ustees	`	10.00				
		To find a list of district multipliers that includes your dis the link specified in the separate instructions for this for be available at the bankruptcy clerk's office.						Copy tota	al.	
		Average monthly administrative expense if you were fil	ing under Ch	napter 13	\$	295	~~	nere=>		295.30
		of the deductions for debt payment. s 33e through 36.							\$	3,248.61
Total	Deduc	tions from Income								
38. A c	dd all o	of the allowed deductions.								
		e 24, All of the expenses allowed under IRS e allowances	\$	5,184.32	_					
C	Copy lin	e 32, All of the additional expense deductions	\$	465.00						
C	Copy lin	e 37, All of the deductions for debt payment	+\$	3,248.61	_					
		Total deductions	\$	8,897.93	-	Copy total	here	=>	\$	8,897.93
Part 3:	Det	ermine Whether There is a Presumption of Abuse								
39. C a	alculate	e monthly disposable income for 60 months								
3	9a. Co	py line 4, adjusted current monthly income	\$	8,147.40						
3	9b. Co	py line 38, Total deductions	- \$	8,897.93						
3		onthly disposable income. 11 U.S.C. § 707(b)(2). btract line 39b from line 39a	\$	-750.53		Copy here=>\$		-75	0.53	
F	or the	next 60 months (5 years)					x 60			
3	89d. To	tal. Multiply line 39c by 60	39d.	\$	45,0	031.80	Copy here=>	\$_		-45,031.80
40. Fi i	nd out	whether there is a presumption of abuse. Check the	box that app	olies:			J			
	The I	ine 39d is less than \$7,700*. On the top of page 1 of the	nis form, che	ck box 1, <i>The</i>	re is	s no presui	mption o	f abuse.	Go to	Part 5.
		ine 39d is more than \$12,850*. On the top of page 1 of 4 if you claim special circumstances. Go to Part 5.	f this form, cl	neck box 2, T	here	e is a presı	umption	of abuse	e. You	may fill out
	The I	ine 39d is at least \$7,700*, but not more than \$12,850	0*. Go to line	41.						
*S	ubject	to adjustment on 4/01/19, and every 3 years after that fo	or cases filed	on or after th	e da	ate of adju	stment.			

Tony P. Boloutchi

Case 3:18-bk-01349-CJJ Doc 1 Filed 04/24/18 Page 57 of 66

btor 1 btor 2		y P. Boloutchi nifer H. Boloutchi	Case	e number (if	known)			
41.	41a.	Fill in the amount of your total nonpriority unsecured debt. If A Summary of Your Assets and Liabilities and Certain Statistical I Schedules (Official Form 106Sum), you may refer to line 3b on the	nformation	\$x	.25	7		
	41b.	25% or your total nonpriority unsecured debt. 11 U.S.C. § 707 Multiply line 41a by 0.25		\$		Copy here=>	\$	
25	% of y	ne whether the income you have left over after subtracting all a your unsecured, nonpriority debt. ne box that applies:		ctions is	enough to p	ay		
		39d is less than line 41b. On the top of page 1 of this form, check o Part 5.	box 1, There	is no pres	sumption of a	buse.		
		39d is equal to or more than line 41b. On the top of page 1 of thi <i>umption of abuse.</i> You may fill out Part 4 if you claim special circum						
art 4:	Giv	ve Details About Special Circumstances						
	es. Fil ite Yo	to to Part 5. Il in the following information. All figures should reflect your average em. You may include expenses you listed in line 25. Ou must give a detailed explanation of the special circumstances the accessary and reasonable. You must also give your case trustee doc lijustments.	at make the ex	penses or	· income adju	stments	ach	
	es. Filite	Il in the following information. All figures should reflect your average em. You may include expenses you listed in line 25. but must give a detailed explanation of the special circumstances that excessary and reasonable. You must also give your case trustee doc	at make the ex umentation of	penses or your actua	· income adju	stments or income	ach	
_	es. Filite	Il in the following information. All figures should reflect your average em. You may include expenses you listed in line 25. bu must give a detailed explanation of the special circumstances that excessary and reasonable. You must also give your case trustee doc lijustments.	at make the ex umentation of	penses or your actual erage mo income a	income adju al expenses o	stments or income	ach	
_	es. Filite	Il in the following information. All figures should reflect your average em. You may include expenses you listed in line 25. bu must give a detailed explanation of the special circumstances that excessary and reasonable. You must also give your case trustee doc lijustments.	at make the exumentation of	penses or your actual erage mo income a	income adju al expenses o	stments or income	ach	
_	es. Filite	Il in the following information. All figures should reflect your average em. You may include expenses you listed in line 25. bu must give a detailed explanation of the special circumstances that excessary and reasonable. You must also give your case trustee doc lijustments.	at make the exumentation of	penses or your actua erage mo income a	nthly expent	stments or income	ach	
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Debtor 1 Debtor 2 Tony P. Boloutchi
Debtor 2 Jennifer H. Boloutchi
Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 10/01/2017 to 03/31/2018.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Florida State College

Income by Month:

6 Months Ago:	10/2017	\$0.00
5 Months Ago:	11/2017	\$672.00
4 Months Ago:	12/2017	\$672.00
3 Months Ago:	01/2018	\$672.00
2 Months Ago:	02/2018	\$1,008.00
Last Month:	03/2018	\$1,008.00
	Average per month:	\$672.00

Line 10 - Income from all other sources

Source of Income: Ride sharing- UBER

Income by Month:

6 Months Ago:	10/2017	\$249.72
5 Months Ago:	11/2017	\$0.00
4 Months Ago:	12/2017	\$0.00
3 Months Ago:	01/2018	\$0.00
2 Months Ago:	02/2018	\$0.00
Last Month:	03/2018	\$13.36
	Average per month:	\$43.85

Debtor 1	Tony P. Boloutchi		
Debtor 2	Jennifer H. Boloutchi	Case number (if known)	

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 10/01/2017 to 03/31/2018.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Shands Jacksonville Medical Ctr

Income by Month:

6 Months Ago:	10/2017	\$6,769.28
5 Months Ago:	11/2017	\$6,769.28
4 Months Ago:	12/2017	\$6,769.28
3 Months Ago:	01/2018	\$6,889.21
2 Months Ago:	02/2018	\$6,956.90
Last Month:	03/2018	\$10,435.35
	Average per month:	\$7,431.55

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Middle District of Florida

In re	Tony P. Boloutchi Jennifer H. Boloutchi		Case No.	
		Debtor(s)	Chapter	7
The abo		ICATION OF CREDITOR the attached list of creditors is true and		of their knowledge.
Date:	April 24, 2018	/s/ Tony P. Boloutchi Tony P. Boloutchi		
		Signature of Debtor		
Date:	April 24, 2018	/s/ Jennifer H. Boloutchi Jennifer H. Boloutchi		

Signature of Debtor

Tony P. Boloutchi 1872 South Landguard Road Saint Augustine, FL 32092 Discover Financial Po Box 3025 New Albany, OH 43054

Jennifer H. Boloutchi 1872 South Landguard Road Saint Augustine, FL 32092 Great Lakes PO Box 530229 Atlanta, GA 30353

E. R. Mousa Law Office of E.R. Mousa, PA 6550 St. Augustine Road Suite 202 Jacksonville, FL 32217 Great Lakes Higher Educati Attn: Bankruptcy 2401 Interanational Lane Madison, WI 53704

Amex Correspondence Po Box 981540 El Paso, TX 79998 Kohl's Po Box 2983 Milwaukee, WI 53201

Bank Of America Attn: Bankruptcy Po Box 982238 El Paso, TX 79998 Partners Fed Cr Un 2190 S Town Centre Place Anaheim, CA 92806

Citibank Visa P.O. Box 6500 Sioux Falls, SD 57117 Partners Fed Cr Un 13705 International Dr S Orlando, FL 32821

Citibank/The Home Depot Centralized Bankruptcy Po Box 790034 St Louis, MO 63179 Sealy Inc One Office Pkwy @Sealy Drive Trinity, NC 27370

Community 1st Cu/cenla 637 N Lee St Jacksonville, FL 32204 Synchrony Financial P.O. Box 960061 Orlando, FL 32896

Community FirstCu Attn:Bankruptcy Po Box 2304 Jacksonville, FL 32203 Vystar Credit Union Attn: Bankruptcy Po Box 45085 Jacksonville, FL 32232 B2030 (Form 2030) (12/15)

United States Bankruptcy Court Middle District of Florida

In	Tony P. Boloutchi re Jennifer H. Boloutchi		Case No.		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPENS	ATION OF ATTO	RNEY FOR D	EBTOR(S)	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:				
	For legal services, I have agreed to accept		\$	1,400.00	
	Prior to the filing of this statement I have received		\$	1,400.00	
	Balance Due		\$	0.00	
2.	\$_335.00 of the filing fee has been paid.				
3.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
4.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
5.	■ I have not agreed to share the above-disclosed compens	ation with any other person	unless they are mem	bers and associates of	my law firm.
	☐ I have agreed to share the above-disclosed compensatio copy of the agreement, together with a list of the names				w firm. A
5.	In return for the above-disclosed fee, I have agreed to rende	er legal service for all aspect	s of the bankruptcy	case, including:	
	 a. Analysis of the debtor's financial situation, and rendering b. Preparation and filing of any petition, schedules, statemed c. Representation of the debtor at the meeting of creditors and d. [Other provisions as needed] Negotiations with secured creditors to reduce reaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on house 	ent of affairs and plan which and confirmation hearing, ar uce to market value; exe as needed; preparation	may be required; and any adjourned hea	rings thereof; ; preparation and fi	ling of
7.	By agreement with the debtor(s), the above-disclosed fee do Representation of the debtors in any disch any other adversary proceeding.			es, relief from stay	actions or
	(CERTIFICATION			
this	I certify that the foregoing is a complete statement of any aga bankruptcy proceeding.	greement or arrangement for	payment to me for a	representation of the de	ebtor(s) in
_	April 24, 2018	/s/ E. R. Mousa			
	Date	E. R. Mousa Signature of Attorne	v		
		Law Office of E.R	. Mousa, PA		
		6550 St. Augustir Suite 202	ne Road		
		Jacksonville, FL			
		(904) 296-7704 F		6	
		mousa@mousala Name of law firm	iw.com		
		oj tan juni			